V. S. No. 1

| STATE OF MARYLAND—                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CERTIFICATE OF DEATH 07093                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                     |
| County Orchesta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Registration Dist. No. //6                                                                                                          |
| Village or City Camping had                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | No. Cambridge Mr. Hookt. St., Ward                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | death occurred in a hospital or institution, give its NAME shatead of street and number)  ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME A. She sheed Barol                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | St. Ward.                                                                                                                           |
| (a) Residence: Np. 191 man (Usual place of abode)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | If nonresident give city or town and State                                                                                          |
| PERSONAL AND STATISTICAL PARTICULARS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MEDICAL CERTIFICATE OF DEATH                                                                                                        |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  The manual | 21. DATE OF DEATH  (Month)  (Day)  (Year)                                                                                           |
| 5a. If married, widowed, or alvorced HUSBAND of (or) WIFE of Auch Harring Im                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 22.   HEREBY CERTIFY, That I attended deceased from                                                                                 |
| 6. DATE OF BIRTH (month, day, end year) 2 7 1877                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I last saw h we elive on 7/17- , 19 32; deeth is said                                                                               |
| 7. AGE Years Months Days If LESS than 1 day,hra.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | to have occurred on the date stated above, at                                                                                       |
| 8 Trade profession or particular                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | He 2 Ch poisoning Date of onset                                                                                                     |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                     |
| 11. Total time (yeera) spent in this occupation (month and year) - 12. 14.32 occupation 3 0 year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other Contributory Causes of Importance:                                                                                            |
| 12. BIRTHPLACE (city or town) Canhada, (State or country)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Other Continuous Causes of Importance.                                                                                              |
| 13. NAME Edgar Bayla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                     |
| 14. BIRTHPLACE (city or town) Casally de la (State or country)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name of operation Date of                                                                                                           |
| (State of County)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | What test confirmed diagnosis? Was there en autopsy?                                                                                |
| 15. MAIDEN NAME El MAT H. Shuphed  16. BIRTHPLACE (city or town) Casalus de Construire)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?                     |
| ∑ (State or country)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Where did injury occur? (Specify city or town, county and State)                                                                    |
| 17. INFORMANT Mo a. S. Day In (Address) Cambridge Ind.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                                                           |
| 18. BURIAL, CREMATION, OR REMOVAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Manner of injury                                                                                                                    |
| Place Caronhady - Mal Date froly [ I , 1933]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Nature of injury                                                                                                                    |
| 19. UNDERTAKER Traph E. Mbaugh (Addrigss)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 24. Was disease or injury in any way related to occupation of deceased? NO                                                          |
| 20. FILED July 19, 19. 33 E. E. Wolff Registrar.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (Signed) Yuy lell M.D. (Address) Cambrily M.D.                                                                                      |
| If more blanks are needed, address State Registrar,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.                                                                          |

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.-Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

|               | Example 11                                                                     |                                                                                                                                                                                                                           |
|---------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset                                                                                                                                                                                                             |
| 1915          | Attack of epilepsy                                                             | 1 week ago                                                                                                                                                                                                                |
| 1921          | Run over by street car                                                         | 1 week ago                                                                                                                                                                                                                |
| July 5,1927   | Peritonitis                                                                    | 3 days ago                                                                                                                                                                                                                |
|               | Other contributory causes of importance:                                       |                                                                                                                                                                                                                           |
| May 1,1923    | Gastroenteritis                                                                | 1 year                                                                                                                                                                                                                    |
|               |                                                                                |                                                                                                                                                                                                                           |
|               | 1915<br>1921<br>July 5,1927                                                    | Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance: |

ARGIN RESERVED FOR BINDING

| 1                                                                                | . PLACE OF DEATH                                                               | 1               |                        |                           | (131)                                                                              | 1                |  |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------|------------------------|---------------------------|------------------------------------------------------------------------------------|------------------|--|
| County Dorchester                                                                |                                                                                |                 | r                      |                           | Registration Dist. No. //O                                                         |                  |  |
|                                                                                  | Village or City Hurlock,                                                       |                 |                        |                           | NoSt.,                                                                             | Ward             |  |
|                                                                                  | I amobb of avoidance in allow                                                  |                 | т.                     |                           | death occurred in a horpital or institution, give its NAME instead of street and r |                  |  |
|                                                                                  |                                                                                |                 |                        |                           | yisyisyis                                                                          | )S               |  |
| 2                                                                                | 2. FULL NAME                                                                   |                 |                        |                           |                                                                                    |                  |  |
|                                                                                  | (a) Residence: No                                                              | Hurl            | OCK Md<br>(Usual place | 9<br>of abode)            | St., Ward.  If nonresident give city or town and                                   | State            |  |
|                                                                                  | PERSONAL AND                                                                   |                 |                        |                           | MEDICAL CERTIFICATE OF DEATH                                                       | Diate            |  |
| 3.                                                                               | SEX 4. COLOR C                                                                 | OR RACE         |                        | RIED, WIDOWED,            | 21. DATE OF DEATH                                                                  |                  |  |
| 7                                                                                | Male. Wh                                                                       | ite.            | OR DIVORCED<br>Marr    | (write the word)          | July, Ist. (Month) (Day)                                                           | , 193_3          |  |
| -                                                                                | If married, widowed, or divorce                                                |                 |                        |                           |                                                                                    | (Tear)           |  |
|                                                                                  | HUSBAND of Olice                                                               | et.             | Beau                   | ١.                        | 22. I HEREBY CERTIFY, That I ettended                                              | 1 6-             |  |
|                                                                                  |                                                                                |                 | . , -                  | 011 7010                  | Mest saw h alive on 233, to 224 1933                                               | , 19.3.3         |  |
| -                                                                                | DATE OF BIRTH (month, day, at                                                  | Months          | larch, I               | 8th. 1849                 | to have occurred on the date stated above, et II = 30 mA . M                       | .; death is said |  |
|                                                                                  | 84                                                                             | 7               | 13                     | 1 day,hrs.                | The PRINCIPAL CAUSE OF DEATH and related causes of importance                      |                  |  |
|                                                                                  |                                                                                | )               | 1 1)                   | ormin.                    | were as follows:                                                                   | Date of onset    |  |
| NO                                                                               | 8. Trade, profession, or partic<br>kind of work done, as<br>SAWYER, BOOKKEEPEI | SPINNER,        | shinet. M              | echanic                   | oth one                                                                            |                  |  |
| ATI                                                                              | 9. Industry or business in wi                                                  | hich            | AL D                   | M M M A MANAGEMENT        | Suration ten months Cloff                                                          |                  |  |
| OCCUPATION                                                                       | work was done, as SILI<br>SAW MILL, BANK, etc.                                 | K MILL,         |                        |                           |                                                                                    |                  |  |
| S                                                                                | 10. Dete deceased last worked this occupation (month                           | at and o a T    | 11. Total ti           | me (years)                |                                                                                    |                  |  |
| year) 2017, 1931 occupation 12                                                   |                                                                                |                 | occu                   | pation                    | Other Contributory Causes of Importance :                                          |                  |  |
| 12                                                                               | . BIRTHPLACE (city or town)                                                    | Ph              | iladelph               | nia,                      | ottor ovalisator, ovalisator, importance.                                          |                  |  |
| _                                                                                | (State or country)                                                             |                 |                        | Pa.                       |                                                                                    | -                |  |
| FATHER                                                                           | 13. NAME                                                                       | illiam          | F. Bear                | 1,                        |                                                                                    | -                |  |
| ATI                                                                              | 14. BIRTHPLACE (city or town)                                                  | )               | WF 2002                |                           | Name of operation Date of                                                          |                  |  |
| -                                                                                | (State or country)                                                             |                 | New Jer                | sey,                      | What test confirmed diagnosis? Was there an a                                      | utopsy?          |  |
| MOTHER                                                                           | 15. MAIDEN NAME                                                                |                 | No data                | 9.                        | 23. If deeth was due to external causes (VIOLENCE) fill in also the following      |                  |  |
| OT                                                                               | 16. BIRTHPLACE (city or town)                                                  | )               |                        |                           | Accident, suicide, or homicide? Date of injury                                     | ,19              |  |
| (State or country)                                                               |                                                                                |                 | 11                     |                           | Where did injury occur? (Specify city or town, county and State                    | e)               |  |
| 17. INFORMANT Mrs. Laura C. Lankford,                                            |                                                                                |                 |                        |                           | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL              | ACE.             |  |
| (Address) Hurlock, Md.                                                           |                                                                                |                 | rlock, l               | Md.                       |                                                                                    |                  |  |
| 18. BURIAL, CREMATION, OR REMOVAL  Place E. New Market, Modale July, 3rd, 49. 33 |                                                                                |                 | Mohara Julia           | v 3rd 10 33               | Manner of injury                                                                   |                  |  |
| -                                                                                | ridC6A-L 9_4132.71A/44                                                         | real sales suga | 015Dat0-50-6           | y - g - pt to 2dy @7 pt - | 100000111,00                                                                       |                  |  |
| 19. UNDERTAKER J. T. Framptom & Son.                                             |                                                                                |                 |                        | 1                         | 24. Was disease or injury in any way related to occupation of deceased?            | 100              |  |
| -                                                                                | (Address) Federalsburg, Md.                                                    |                 |                        |                           | If so, specify                                                                     |                  |  |
| 20.                                                                              | 20. FILED July 2, 1923 Chas W Hastings                                         |                 |                        |                           | (Signed)                                                                           | 7 - M. g.        |  |
|                                                                                  | 10.                                                                            |                 |                        | Registrar.                | (Address) Allaca (Address)                                                         |                  |  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run aver by street car 1921 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

| ADDITIONAL SPACE FOR FURTHER STATEMENT | $\mathbf{S} \mathbf{B} \mathbf{Y}$ | $\mathbf{BY}$ 1 | PHYSICIAN | N |
|----------------------------------------|------------------------------------|-----------------|-----------|---|
|----------------------------------------|------------------------------------|-----------------|-----------|---|

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| County Aprelesler                                                  | Registration Dist. No. / 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Village or City Combined                                           | " How it is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Village of City 2000 Community                                     | (If death occurred in a hospital or institution, give its NAME instead of street and number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Length of residence in city or town where death occurredyrs        | mos,ms. How long in U.S. if of foreign birth?yrsmos,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 2. FULL NAME                                                       | Juntell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| (a) Residence: No. (Usual place of abod                            | St., Ward.  If nonresident give city or town and State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| PERSONAL AND STATISTICAL PARTICUL                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, V                       | OWED, 21. DATE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| male Colored OR DIVORCED (with                                     | e word) (Month) (Day) (Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 5a. If married, widowed, or divorced<br>HUSBAND of                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (or) WIFE of                                                       | 1 HEREBY CERTIFY, That I attended deceased from 1933                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 6. DATE OF BIRTH (month, day, and year)                            | Hast saw helia alive on July 1 , 19 3 ; death is s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                    | SS than to have occurred on the data stated above, at 11.2.P.m.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                    | min. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | Syphand fealer 6-21-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| SAWYER, BODKKEEPER, etc.                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| work was dona, as SILK MILL, SAW MILL, BANK, etc                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| this occupation (month and spent in th                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| yaar) occupation                                                   | Other Contributory Canacs of importance:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 12. BIRTHPLACE (city or town) (State or country)                   | f. and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 13. NAME Rufus Branns                                              | 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 14. BIRTHPLACE (city or town) Planting (State or country)          | Name of operation Data of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| (State or country)                                                 | What tast confirmed diagnosis Clustel Was there an autopsy? Le                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 15. MAIDEN NAME + Laucea Trans 16. BIRTHPLACE (city or town)       | 23. If death was dua to external causes (VIDL ENCE) fill in elso the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 16. BIRTHPLACE (city or town)                                      | Accident, suicide, or homicide?Date of Injury, 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| (Stata or country) Sharyland                                       | Where did injury occur? (Specify city or town, county and State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 17. INFORMANT Aller Drawn (Address) & hit of breek - m             | Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 18. BURIAL, CREMATION, OR REMDVAL                                  | Manner of injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Place Lagle for Aland Date Hilly )                                 | ., 1953. Nature of Injury.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 19. UNDERTAKER Amaed Richard                                       | 24. Was disease or injury In any way related to occupation of deceased?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| (Address) Christisch Joriefe                                       | And If so, specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 20. FILED July 2, 1933 C. & Walg                                   | (Signed) Company of the Market |
|                                                                    | egistrar. (Address) Charles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I                                                                      |               | Example II                                                                     |               |  |
|--------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis                                                               | 1915          | Attack of epilepsy                                                             | 1 week ago    |  |
| Chronic interstitial nephritis                                                 | 1921          | Run over by street car                                                         | 1 week ago    |  |
| Cerebral hemorrhage                                                            | July 5,1927   | Peritonitis                                                                    | 3 days ago    |  |
| BUREAU V. S.                                                                   |               |                                                                                |               |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones                                                                     | May 1,1923    | Gastroenteritis                                                                | 1 year        |  |
|                                                                                |               |                                                                                |               |  |
|                                                                                |               |                                                                                |               |  |

# STATE OF MARYLAND—CERTIFICATE OF DEATH

|                | 1. PLACE OF DEATH                                                                           | (31)                                                                                                          |
|----------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
|                | County Doschister                                                                           | Registration Dist. No. //6                                                                                    |
|                | Village or City Chinking                                                                    | No. Bailey Road St Ward                                                                                       |
| 1              | (If                                                                                         | death occurred in a hospital of institution, give its NAME instead of street and number)                      |
|                | 6.1                                                                                         | ds. How long in V. S. if of foreign birth?                                                                    |
|                | 2. FULL NAME Caward James                                                                   | Campur.                                                                                                       |
|                | (a) Residence: No. // Saulus (Supplace of abode)                                            | St., Ward.                                                                                                    |
|                | PERSONAL AND STATISTICAL PARTICULARS                                                        | If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH                                      |
|                | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,                                        | 21. DATE OF DEATH                                                                                             |
|                | OR DIVORCED (write the word)                                                                | 1933                                                                                                          |
|                | 5a. If married, widowed, or divorced                                                        | (Monyh) (Day) (Year)                                                                                          |
|                | HUSBAND of (or) WIFE of                                                                     | I HEREBY CERTIFY, That I attended deceased from                                                               |
|                | Jordan Sampa                                                                                | 19.37, to why 1 , 19.33                                                                                       |
| ate.           | 6. DATE OF BIRTH (month, day, and year)                                                     | I last saw home alive on                                                                                      |
| ific           | 7. AGE Years Months Days If LESS than 1 day,hrs.                                            | to have occurred on the date state above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| of certificate | 66 ) ormin.                                                                                 | were as follows:                                                                                              |
|                | 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. | Chitme / ploules Heart                                                                                        |
|                | 9. Industry or business in which                                                            | Janat ti Nan tar B                                                                                            |
| back           | work was done, as SILK MILL,<br>SAW MILL, BANK, etc                                         | anditi-                                                                                                       |
| no             | B -   Shell lil full 1 2                                                                    | 133                                                                                                           |
| ons            | year) occupation 3                                                                          | Other Contributory Causes of importance:                                                                      |
| instructions   | 12. BIRTHPLACE (city or town)                                                               |                                                                                                               |
| strı           | (State or country) Anchester Compet                                                         |                                                                                                               |
| ij             | 13. NAME TV illiam Camper                                                                   |                                                                                                               |
| See            | 14. BIRTHPLACE (city or town). Charles (State or country)                                   | Name of operation Date of Date of                                                                             |
| . 1            |                                                                                             | What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?                                    |
| important      | E                                                                                           | 23. If death was due to external causes (VIOL ENCE) fill in also the following:                               |
| por            | O 16. BIRTHPLACE (city or town)  (State or country)                                         | Accident, suicide, or homicide? Date of injury, 19                                                            |
| im             | CMC O                                                                                       | Where dld injury occur?(Specify city or town, county and State)                                               |
| very           | (Address) y) Robin St Comb                                                                  | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                                     |
| S Ve           | 18. BURIAL, CREMATION, OR REMOVAL                                                           | Manner of Injury                                                                                              |
| Zi is          | Place Cambridge Date July 3, 1933                                                           | Nature of injury                                                                                              |
| TION           | 19. UNDERTAKER Lewis 2. Baymenn)                                                            | 24. Was disease or injury in any way related to occupation of deceased?                                       |
| I              | (Address) Cambridge Mis.                                                                    | If so, specify                                                                                                |
|                | 20, FILED hely 3 19 33 E. 18- Walf                                                          | (Signed) Canall Trot Claw M.D.                                                                                |
|                | Registrar.                                                                                  | (Address) Om + Ciday Sho                                                                                      |
|                | If more blanks are model all a See B.                                                       | N. C. T. C.                                                                                                   |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

CAUSE OF DEATH in plain terms, so that it may be

IARGIN RESERVED FOR BINDING

properly classified.

Exact statement of OCCUPA-

V. S. No. 1

B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. TION is very important. See instructions on back of certificate.

| County Co | STATE OF MARYLAND—                                           | CERTIFICATE OF DEATH 07097                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------|
| Village or City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1. PLACE OF DEATH                                            | 93-0                                                                           |
| Langth of residence in city or town where death occurred.  2. FULL NAME  (a) Residence: No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | County Dorchester                                            | Registration Dist. No. // 6                                                    |
| Length of residence in city or town where death occurred.  2. FULL NAME  (a) Residence: No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                                                |
| 2. FULL NAME (a) Residence: No. The global part of shocks of the period  |                                                              |                                                                                |
| (a) Residence: No. May (Usus) Acc of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE S. SINGLE, MARRIED, WIDOVED, OR DIVORCED Caylife the word)  Fig. 11 married, wildowed, or divesced (tot) Wile of (tot) | 2.                                                           | 2                                                                              |
| PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (spire the word) Or DIVORCED |                                                              | 0 W 1                                                                          |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DIVORCED ("grire the word)  193. 3  11 Instrict, edifewed, or divorced word of word of color of word of color of word of color o |                                                              |                                                                                |
| OR DIVORCED (cupire the word)  So If married, visiowed, or divorced HUSBALO (corp.)  For Interview, visiowed, or divorced HUSBALO (corp.)  So DATE OF BIRTH (month, day, and year)  So Date Of BIRTH (mon | PERSONAL AND STATISTICAL PARTICULARS                         |                                                                                |
| HUSBANO OF (or) WIFE of  6. DATE OF BIRTH (month, day, and yead OV)  7. AGE  Years  Months  Days  11 LESS than 1 day,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Jemale roland OR DIVORCED (rapite the word)                  | July 2 193 3                                                                   |
| 6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | HU3BANO of                                                   |                                                                                |
| T. AGE  Years  Months  Days  If LESS than 1 day,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Dot 7 1094                                                   | , 17, 17                                                                       |
| 8. Trade, profession, or particular or min.  8. Trade, profession, or particular or min.  8. Trade, profession, or particular or min.  9. Trade, profession, or min.  9. Trade, profession, or min.  9. Trade, profession, or min.  10. Trade, profession, or min.  11. Total time (years)  12. BIRTHPLACE (city or town)  12. BIRTHPLACE (city or town)  13. Manter of inpury.  14. BIRTHPLACE (city or town)  15. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  19. UNDERTAKEN  19. UNDERTAKEN  19. UNDERTAKEN  19. UNDERTAKEN  19. UNDERTAKEN  19. UNDERTAKEN  19. UNDERTAK |                                                              | , , , , , , , , , , , , , , , , , , , ,                                        |
| 8. Trade, profession, or particular as SPINNR, Midd of work done as SPINNR, SAWYER, BOOKKEPER, etc.  9. House of one as SPINNR MILL, SAWYER, BOOKKEPER, etc.  10. Date decased last worked at spant in this occupation (month and year)  11. Total time (years)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 day,hrs.                                                   | The PRINCIPAL CAUSE OF DEATH and related causes of importance                  |
| 12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Coultwelle  (Addisess)  19. UNDERTAKER  (Addisess)  20. FILEO.  (Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 8 Trade profession or particular                             | Oate of office                                                                 |
| 12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Coultwelle  (Addisess)  19. UNDERTAKER  (Addisess)  20. FILEO.  (Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SAWYER, BOOKKEEPER, etc.                                     | Constrain Thomboan 7.2.33                                                      |
| 12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Coultwelle  (Addisess)  19. UNDERTAKER  (Addisess)  20. FILEO.  (Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | work was done, as SILK MILL, SAW MILL, BANK, etc             | la de un f                                                                     |
| 12. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Country  19. UNDERTAKER (Addipss)  20. FILEO  20. FILEO  21. BIRTHPLACE (city or town) (State or country)  22. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?  Specify city or town, country and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE  18. BURIAL, CREMATION, OR REMOVAL Place (Addipss)  20. FILEO  21. Was disease or injury in any way related to occupation of deceased?  (Signed)  M. D.  (Address)  M. D.  (Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | - Spont in this                                              | by State attorny                                                               |
| 15. MAIDEN NAME   What test confirmed diagnosis?   Was there an autopsy?   Was there an autopsy?   Was there an autopsy?   Was there are autopsy of the following: Accident, suicide, or homicide?   Date of injury   Was there are autopsy?   Was there are autopsy of the following: Accident, suicide, or homicide?   Date of injury   Nature of injury occur?   Specify whether injury occur?   Specify of town, county and State)   Specify whether injury occur?   Specify of town, county and State)   Specify whether injury occur?   Specify of town, county and State)   Specify of town, county and specify of town, county and specify of town, county and specify of town,   |                                                              | Other Contributory Causes of importanca:                                       |
| 15. MAIDEN NAME   What test confirmed diagnosis?   Was there an autopsy?   Was there an autopsy?   Was there an autopsy?   Was there are autopsy of the following: Accident, suicide, or homicide?   Date of injury   Was there are autopsy?   Was there are autopsy of the following: Accident, suicide, or homicide?   Date of injury   Nature of injury occur?   Specify whether injury occur?   Specify of town, county and State)   Specify whether injury occur?   Specify of town, county and State)   Specify whether injury occur?   Specify of town, county and State)   Specify of town, county and specify of town, county and specify of town, county and specify of town,   | II. NAME Imes ECheers                                        |                                                                                |
| 15. MAIDEN NAME   What test confirmed diagnosis?   Was there an autopsy?   Was there an autopsy?   Was there an autopsy?   Was there are autopsy of the following: Accident, suicide, or homicide?   Date of injury   Was there are autopsy?   Was there are autopsy of the following: Accident, suicide, or homicide?   Date of injury   Nature of injury occur?   Specify whether injury occur?   Specify of town, county and State)   Specify whether injury occur?   Specify of town, county and State)   Specify whether injury occur?   Specify of town, county and State)   Specify of town, county and specify of town, county and specify of town, county and specify of town,   | 14. BIRTHPLACE (city or town) Baltimore                      | Name of operation Date of                                                      |
| Where did injury occur?  17. INFORMANT Chery  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Coulievelle  Oate fuly 6, 19 33  19. UNDERTAKER  (Address)  Oate fuly 6, 19 33  (Address)  Oate fully 6, 19 33  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE  (In the specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE  (Address)  Manner of Injury  Value of injury  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE  (Signed)  (Signed)  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE  (Signed)  (Signed)  M. D.  Registrar.  (Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (State of Country)                                           | What test confirmed diagnosis? Holy Clim Was there an autopsy? 11              |
| Where did injury occur?  17. INFORMANT Chery  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Coulievelle  Oate fuly 6, 19 33  19. UNDERTAKER  (Address)  Oate fuly 6, 19 33  (Address)  Oate fully 6, 19 33  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE  (In the specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE  (Address)  Manner of Injury  Value of injury  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE  (Signed)  (Signed)  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE  (Signed)  (Signed)  M. D.  Registrar.  (Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 15. MAIDEN NAME Many anthony                                 | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Outeville Oate July 6, 19 33  19. UNDERTAKER A MAL Claux (Address) 308 Mull At Cambuly MA  20. FILEO July 6, 19 33 E. E. Wooff (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed) Manner of Injury  Manner of Injury  (Signed) Manner of Injury  (Signed) Manner of Injury  (Signed) Manner of Injury  (Signed) Manner of Injury  (Address) Manner of Injury  (Sometify Whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Sometify Whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Sometify Whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Sometify Whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Sometify Whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Sometify Whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Sometify Whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Sometify Whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Sometify Whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Sometify Whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Sometify Whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Sometify Whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Sometify Whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Sometify Whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Sometify Whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Sometify Whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Sometify Whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Sometify Whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Sometify Whether injury occurred in INOUST | 16. BIRTHPLACE (city or town) Church Hill (State or country) |                                                                                |
| 18. BURIAL, CREMATION, OR REMOVAL Place Controvelle Oate July 6, 19 33  19. UNDERTAKER IT MI Class (Addises) 308 Mun Bi Cambuly Ma  20. FILEO July 6, 19 33 E. E. Wooff (Signed) Controvelle (Signed) Manner of Injury Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  (Signed) Controvelle (Signed) M. D.  Registrar. (Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              | (Specify city or town, county and State)                                       |
| Place Coulieville  Oate July 6, 1933  Nature of injury  19. UNDERTAKER IT MILL Clause  (Addiess) 308 Meier Bt. Cambridge Md  20. FILEO July 6, 19 33 E. E. Woeff  Registrar.  (Address) Male Comparison of deceased?  (Signed) Comparison of deceased?  (Signed) Comparison of deceased?  (Address) M. D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 18. BURIAL, CREMATION, OR REMOVAL                            | Manner of Injury                                                               |
| (Address) 308 Mein Bt. Cambridge Md If so, specify  20. FILEO July 6, 19 33 E. E. Wooff (Signed) Carrillo M. D.  Registrar. (Address) Control of Carrillo M. D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Place Coulseville Oate July 6, 1933                          |                                                                                |
| 20. FILEO July 60, 19 33 E. E. Wooff (Signed) Carell Steller M. D.  Registrar. (Address) Tark Tarks St.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              |                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11,1 25 8 9 711,000                                          | (). (1) 201 2 45 2                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |                                                                                |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I                                                                      |               | Example II                                                                     |               |
|--------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis                                                               | 1915          | Attack of epilepsy                                                             | 1 week ago    |
| Chronic interstitial nephritis                                                 | 1921          | Run over by street car                                                         | 1 week ago    |
| Cerebral hemorrhage                                                            | July 5,1927   | Peritonitis                                                                    | 3 days ago    |
| BUREAU V.B                                                                     |               |                                                                                |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones                                                                     | May 1,1923    | Gastroenteritis                                                                | 1 year        |
|                                                                                |               |                                                                                |               |
|                                                                                |               |                                                                                |               |

| Histor      | ADDITIONAL SPACE FOR FURTHER STATE | MENTS BY PHYSICIAN |
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FOR BINDING

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V. S. No. 1

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| County_Dor chester  County_Dor chester  Willage or City_Dr. Finchville  Leagth of residence in city or town where death occurred.  Jis. Manual Chart 116 Collins  (a) Residence: No. Federalsburg, R.F.D.  Chart of Federalsburg, R.F.D.  St. Ward.  PERSONAL AND STATISTICAL PARTICULARS  J. SEX  COLOR OR RACE  On Whole Colored  S. SINCIE, MARRED, WINDOWSD, Single  S. Himstried, widowed, or divorced with the word of the body of the widowed, or divorced with the word of the body of the widowed, or divorced with the word of the body of the word of t | C. C.             |                                                                                  | STATE O                           | F MAR       | YLAND-           | CERTIFICATE OF DEATH                                          | 7098            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------|-----------------------------------|-------------|------------------|---------------------------------------------------------------|-----------------|
| Village or City, Nr. Finchville  No.  Classifier of residence in city or town where death occurred.  As How long in U.S. if of foreign birth?  (a) Residence: No. Federalsburg, R.F.D.  Classifier of How long in U.S. if of foreign birth?  (b) Residence: No. Federalsburg, R.F.D.  Classifier of How long in U.S. if of foreign birth?  (b) Residence: No. Federalsburg, R.F.D.  Classifier of How long in U.S. if of foreign birth?  (b) Residence: No. Federalsburg, R.F.D.  Classifier of How long in U.S. if of foreign birth?  (c) Residence: No. Federalsburg, R.F.D.  St. Ward.  Hameriadent give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE MARKED, WINDOWSD.  SIT HACE CERTIFICATE OF DEATH  SIL BARTHOLATION OF THE ACCOUNT.  SI | 1. PLACE OF DEATH |                                                                                  |                                   |             |                  |                                                               | 000             |
| Length of residence in city or town where death occurred yrs mos. 3s How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. mos. 4s. How long in U.S. if of foreign birth? yrs. how long in U.S. if of foreign birth? yrs. how long in U.S. if of foreign birth? yrs. how long in U.S. if of foreign birth? yrs. how long in U.S. if yes in town and State  2s. If death exclusion of particular yrs. how long in U.S. if yes in town and State  2s. If death  |                   | County Doro                                                                      | chester                           |             |                  | Registration Dist. No. 110                                    |                 |
| Length of residence in city or town where death occurred.  (a) Residence: No. Federal Sburg, R.F.D.  (Usual place of shock)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCLE, MARRIEN, WIDOWED, OR DIVORCED (write the word)  (In a married, widowed, or divorced  (Wisship of widowed, or divorced  (Wisship of widowed, or divorced  (Wisship of widowed, or divorced)  (Wisship of w |                   | Village or City_1                                                                | r. Finchy                         | rille       |                  |                                                               |                 |
| (a) Residence: No. Federalsburg, R.F.D. St., Ward.    Coulopter of abedo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                                                                                  |                                   |             | yrsmos           |                                                               |                 |
| PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE S. SINGLE, MARKED, WIDOWED, OR DAY OR DAY OF COLOR OR DAY OF CO | :                 | . FULL NAME                                                                      | Charlie                           | Collins     |                  |                                                               |                 |
| 3. SEX Male 4. COLOR OR RACE COLOR OR RACE COLOR OR SYNGRED (which word) (y) WIFE of (which word) (w) WIFE of (w)  |                   | (a) Residence: N                                                                 | 6. Federals                       |             |                  |                                                               | d State         |
| Male Colored Single  Single  Single  Colored Single  Single  Single  Colored Single  Single  Colored Single  Single  Colored Single  Single  Colored Single  C |                   | PERSONAL                                                                         | AND STATISTI                      | CAL PARTI   | CULARS           | MEDICAL CERTIFICATE OF DEATH                                  |                 |
| 22.   I HEREBY CERTIFY, That I attended deceased from the data stated above, at 1   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.    | 3.                |                                                                                  |                                   | OR DIVORCED | (write tha word) | July 23,                                                      | ., 193          |
| (or) WIFE of (or) WIFE (o | 5a.               | If married, widowed, or                                                          | divorced                          |             |                  |                                                               |                 |
| 6. DATE OF BIRTH (month, day, and year) about 1917  7. AGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   | (or) WIFE of                                                                     |                                   |             |                  |                                                               |                 |
| 7. AGE Years Months Days ITLESS than 1 day, hrs. or min.  1. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  8. Trade, profession, or particular with office were as follows:  8. Trade, profession, or particular with office were as follows:  8. Trade, profession, or particular with office were as follows:  9. Including office work done, as SPINNER. SAWYER, BOOKKEPER, etc.  9. Including office work done, as SILK MILL, SAWYER, BOOKKEPER, etc.  10. Date deceased last worked at paper in this occupation.  12. BIRTHPLACE (city or town). Dorchester Co. (State or country)  Md.  13. NAME Peter Collins  14. BIRTHPLACE (city or town). Dorchester Co. (State or country)  Md.  15. MAIDEN NAME Florence Bolden  16. BIRTHPLACE (city or town). Concept of injury. Md.  17. INFORMANT. Peter Collins  18. BURIAL REMAITION, OR REMOVAL Place Cokesbury.  Data July 26, 19 33  Nanuer of injury.  Manner of injury  Manner of injury  Manuer of injury  Nature of injury  Manuer of injury  Nature of injury.  Manuer of injury  Nature of         |                   | DATE OF BIRTH /                                                                  | oh                                | Out 101     | 77               | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                         | , 19            |
| The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                                                  | 1                                 | 1           |                  |                                                               | ; death is said |
| 8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOKKEPER, etc.  9. Industry or business in which work was done as SPIN MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town).  (State or country)  Md.  13. NAME  Peter Collins  14. BIRTHPLACE (city or town).  (State or country)  Md.  15. MAIDEN NAME  Florence Bolden  16. BIRTHPLACE (city or town).  (State or country)  Md.  17. INFORMANT  Peter Collins  (Address)  Federalsburg, R.F.D.  18. BURIAL, CREMATION, OR REMOVAL Place Cokesbury  Place Cokesbury  Date July 26, 19. 33  Nature of injury   |                   |                                                                                  |                                   | 00,0        | 1 day,hrs.       | The PRINCIPAL CAUSE OF DEATH and related causes of importance |                 |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -                 |                                                                                  | or particular                     | I           |                  | were as follows:                                              | Date of onset   |
| 9. Industry or business in which was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  Md.  14. BIRTHPLACE (city or town)  (State or country)  Md.  15. MAIDEN NAME Peter Collins  16. BIRTHPLACE (city or town)  (State or country)  Md.  17. INFORMANT Peter Collins  18. BURIAL, CREMATION, OR REMOVAL Place Cokesbury  Place Cokesbury  Data July 26, 19. 33  Manner of injury  Nature of injury | ó                 | kind of work d<br>SAWYER, BOO                                                    | lona, as SPINNER,<br>KKEEPER, etc | school      | boy              | acedental Drown                                               |                 |
| this occupation (month and year)  12. BIRTHPLACE (city or town)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | UPAT              | 9. Industry or business in which work was done, as SILK MILL, SAW MILL BANK etc. |                                   |             |                  |                                                               |                 |
| 12. BIRTHPLACE (city or town) Dorches ter Co. (State or country) Md.  13. NAME Peter Collins  14. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.  15. MAIDEN NAME Florence Bolden  16. BIRTHPLACE (city or town) Dor chester Co. (State or country) Md.  17. INFORMANT Peter Collins (Address) Federalsburg, R.F.D.  18. BURIAL, CREMATION, OR REMOVAL Place Cokesbury Data July 26, 19. Manner of injury (Address) Federal sburg, Md.  19. UNDERTAKER J. T. Frampton & Son (Address) Federal sburg, Md.  19. UNDERTAKER J. T. Frampton & Son (Address) Federal sburg, Md.  19. UNDERTAKER J. T. Frampton & Son (Address) Federal sburg, Md.  19. UNDERTAKER J. T. Frampton & Son (Address) Federal sburg, Md.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 000               | 10. Date deceased last worked at this occupation (month and                      |                                   | spen        | t in this        |                                                               |                 |
| 13. NAME   Peter Collins   Dorchester Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 12.               |                                                                                  | own) Doro                         |             | Co.              | Other Coutributory Causes of importanca:                      |                 |
| 14. BIRTHPLACE (city or town)   Md.   Make   | ~                 | 1                                                                                | Poton Coll                        |             |                  |                                                               |                 |
| What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:    15. MAIDEN NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | THE               |                                                                                  | Dono                              |             | Co.              |                                                               |                 |
| 15. MAIDEN NAME   Florence Bolden   23. If death was due to external causes (VIOLENCE) fill in also the following:   Accident, suicide, or homicida?   Data of injury   19.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FA                |                                                                                  | UI (UWII)                         |             |                  | Te '                                                          |                 |
| Where did injury occur?  17. INFORMANT Peter Collins  (Address) Federalsburg, R.F.D.  18. BURIAL, CREMATION, OR REMOVAL PlaceCokesbury  Data July 26  (Address) J. T. Frampt on & Son  (Address) Federal sburg, Md.  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER J. T. Frampt on & Son  (Address) Federal sburg, Md.  If so, specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2                 |                                                                                  | **                                |             |                  |                                                               |                 |
| Where did injury occur?  17. INFORMANT Peter Collins  (Address) Federalsburg, R.F.D.  18. BURIAL, CREMATION, OR REMOVAL PlaceCokesbury  Data July 26  (Address) J. T. Frampt on & Son  (Address) Federal sburg, Md.  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER J. T. Frampt on & Son  (Address) Federal sburg, Md.  If so, specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | H                 |                                                                                  | Dor                               | hester      | Co.              |                                                               | -               |
| 17. INFORMANT Peter Collins  (Address) Federalsburg, R.F.D.  18. BURIAL, CREMATION, OR REMOVAL Place Cokesbury Data July 26, 19  19. UNDERTAKER (Address) Federal sburg, Md.  (Address) Federal sburg, Md.  (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury  19. UNDERTAKER J. T. Frampt on & Son (Address) Federal sburg, Md.  19. Undertaker (Address) Federal sburg, Md.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MO                |                                                                                  |                                   | Md.         |                  |                                                               | , 19            |
| 18. BURIAL, CREMATION, OR REMOVAL Place Cokesbury Data July 26, 19 33  Manner of injury Nature of injury  19. UNDERTAKER J. T. Frampt on & Son (Address) Federal sburg, Md.  18. BURIAL, CREMATION, OR REMOVAL Nature of injury  19. UNDERTAKER Son (Address) Federal sburg, Md.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                                                  |                                   |             |                  | (Specify city or town, county and Sta                         | te)<br>.ACE.    |
| Place Cokesbury Data July 26, 19 33 Nature of injury  19. UNDERTAKER J. T. Frampt on & Son (Address) Federal sburg, Md.  19. Undertaker of injury in any way related to occupation of deceased?  19. Undertaker of injury in any way related to occupation of deceased?  19. Undertaker of injury in any way related to occupation of deceased?  19. Undertaker of injury in any way related to occupation of deceased?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 18.               | BURIAL CREMATION                                                                 | <u>edera Isbur</u><br>OR REMOVAL  | g, R.F.     | D.               |                                                               |                 |
| 19. UNDERTAKER J. T. Frampt on & Son 24. Was disease or injury in any way related to occupation of deceased?  (Address) Federal sourg, Md.  If so, specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   | PlaceCokes                                                                       | ury                               | Data July   | 26 19 33         |                                                               |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 19.               | UNDERTAKER J                                                                     | . T. Framp                        | ot on & S   | on               | Mature of mjury                                               |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | (Address)                                                                        |                                   |             |                  | If so, specify                                                | - Al -          |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I                                                                      |               | Example II                                                                     |               |
|--------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis                                                               | 1915          | Attack of epilepsy                                                             | 1 week ago    |
| Chronic interstitial nephritis                                                 | 1921          | Run over by street car                                                         | 1 week ago    |
| Cerebral hemorrhage                                                            | July 5, 1927  | Peritonitis                                                                    | 3 days ago    |
| Other contributory causes of importance.  Gallstones                           | May 1,1923    | Other contributory causes of importance:  Gastroenteritis                      | 1 year        |
| T.A.                                                                           |               |                                                                                |               |

B ż should state

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| 1. PLACE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CERTIFICATE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| County Duchister Componers LIMITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| A 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Registration Dist. No. // Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Village or City Chamber Control of Control of City or town where death occurred 3 yrs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 0 1 00.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _mosds. How long in U.S. if of foreign birth?yrsmos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 2. FULL NAME The Collins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (a) Residence: No. // 6 Washington (Usus/place of abode)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | St., Ward.  If nonresident give city or town and State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| PERSONAL AND STATISTICAL PARTICULARS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MEDICAL CERTIFICATE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWEI OR DIVORCED (write the word)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1) July 20, 1933                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| a. If married, widowed, or divorced HUSBAND of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (or) WIFE of hunnie Collins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 22. I HEREBY CERTIFY, That I attended deceased fi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| • 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1933, to 193                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| DATE OF BIRTH (month, day, end year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| AGE Years Months Days If LESS the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | and the same of th |
| 9 ormin.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | I THE ENTITE OF THE ALL AND FEBRUARY CAUSES OF IMPORTANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 8. Trade, profession, or particular kind of work done, as SPINNER.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Chrom Julmonay Julesculoses 193.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Julmonory abscess kind                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 11. Total time (years)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| this occupation (month and 1932 spent in this occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | le                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| pole a not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Other Contributory Causes of importence:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 2. BIRTHPLACE (city or town) (S ) (State or country)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 13. NAME DOWN PROTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 14. BIRTHPLACE (city or town)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Name of operation Dete of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| (State or country)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | What test confirmed diagnosis? Was there an autopsy?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 15. MAIOEN NAME Comme Cally                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 23. If death was due to external causes (VIOLENCE) fill in also the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 16. BIRTHPLACE (city or town)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Accident, suicide, or homicide? Date of injury, 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| (State or country) - Warner WM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Where did injury occur?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| INFORMANT Missel Calling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| (Address) - 1 & 6 mu Shreet and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| BURIAL, CREMATION, OR REMOVAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Manner of Injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Place de tely Workate July 24, 19.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Nature of injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| UNOERTAKER LINST! Baynem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 24. Was disease or injury in any way related to occupation of deceased?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| The state of the s | If so, specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| FILEO July 24, 1933 E. Z. Walf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (Signed) Carryll Motellar M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| If more blanks are needed, address State Regis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | trar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

  11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a elerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I                                                                      | e angles      | Example II                                                                     |               |  |
|--------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis                                                               | 1915          | Attack of epilepsy                                                             | 1 week ago    |  |
| Chronic interstitial nephritis                                                 | 1921          | Run over by street car                                                         | 1 week ago    |  |
| Cercbral hemorrhage                                                            | July 5,1927   | Peritonitis                                                                    | 3 days ago    |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones                                                                     | May 1,1923    | Gastroenteritis                                                                | 1 year        |  |
|                                                                                |               |                                                                                |               |  |

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|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| L. PLACE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Registration Dist. No. // C                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Village or City Man                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No. Cambridge-Ma. Hospital War                                                           |
| (If Length of residence in city or town where death occurredyrsmos.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | death occurred in a horpital or institution, give its NAME instead of street and number) |
| 11° 1 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Deil                                                                                     |
| 2. FULL NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                          |
| (a) Residence: No. (Usual place of abode)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | St., Ward. If nonresident give city or town and State                                    |
| PERSONAL AND STATISTICAL PARTICULARS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MEDICAL CERTIFICATE OF DEATH                                                             |
| SEX  4. COLOR OR RACE OR DIVORCED (write the word)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 21. DATE OF DEATH July 3, 193                                                            |
| If married, widowed, or divorced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Month) (Day) (Yeer)                                                                     |
| HUSBAND of<br>(or) WIFE of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 HEREBY CERTIFY, That I attended deceased from                                          |
| DATE OF PIPTH (month day and year) Prof 1 1921                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | July 1, 19 1, 10 11 11 19 19 33                                                          |
| DATE OF BIKIN (month, day, and year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | I last saw h Manualive on Stated above, at m. M. M. He                                   |
| AGE Years Months Days If LESS than 1 day,hrs. ormin.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:           |
| 8. Trade, profession, or particular kind of work done, as SPINNER,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D                                                                                        |
| SAWYER, BODKKEEPER, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Certontie July 2                                                                         |
| work was done, as SILK MILL, SAW MILL, BANK, etc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                                                                        |
| 10. Date deceased last worked at this occupation (month and year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          |
| Marie ml                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Other Coutributory Causes of importance:                                                 |
| BIRTHPLACE (city or town)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | and and a                                                                                |
| 13, NAME Reland. Dail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                          |
| 14. BIRTHPLACE (city or town)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Name of operation there deed only Date of hely 16-16                                     |
| (State or country)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | What test confirmed diagnosis? Chesses Was there an autopsy? Le                          |
| 15. MAIDEN NAME Glackett 6. Dail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 23. If death was due to external causes (VIDLENCE) fill in also the following:           |
| 15. MAIDEN NAME OLGANIC CONTROL OF THE STATE OF COUNTRY OF THE STATE OF THE ST | Accident, suicide, or homicide? Date of injury 3_019_3_2                                 |
| (State or country)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Where did injury occur?(Specify city or town, county and State)                          |
| (Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                |
| B. BURIAL, CREMATTON, OR REMOVAL 2018 8/2/3 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Manner of injury                                                                         |
| Place Date , 19.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Nature of injury                                                                         |
| O. UNDERTAKER (Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 24. Was disease or injury in any way related to occupation of deceased?                  |
| FILED aug 2, 1933 E. E. Walf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Signed) 15. 15. Thrive M.                                                               |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I                                                                      | i             | Example II                                                                     |               |
|--------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis                                                               | 1915          | Attack of epilepsy                                                             | 1 week ago    |
| Chronie interstitial nephritis                                                 | 1921          | Run over by street car                                                         | 1 week ago    |
| Cerebral hemorrhage                                                            | July 5,1927   | Peritonitis                                                                    | 3 days ago    |
|                                                                                |               |                                                                                |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones                                                                     | May 1,1923    | Gastroenteritis                                                                | 1 year        |
|                                                                                |               |                                                                                |               |
|                                                                                |               |                                                                                |               |

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V. S. No. 1

| STATE OF MARYLAND—                                                                                                                                                                                       | CERTIFICATE OF DEATH                                                                                                            | 1       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------|
| 1. PLACE OF DEATH                                                                                                                                                                                        |                                                                                                                                 |         |
| County Corchecte Harry                                                                                                                                                                                   | Registration Dist. No. //6                                                                                                      |         |
| Village or City Cambridge                                                                                                                                                                                | Cambrid Hortale                                                                                                                 | Ward    |
|                                                                                                                                                                                                          | death occurred in a hospital or institution, with NAME instead of street and number)  ds. How long in U.S. if of foreign birth? | da      |
| G. 11 B.11.                                                                                                                                                                                              | C                                                                                                                               | us.     |
| 2. FULL NAME COTTON BELLET                                                                                                                                                                               | 1 * 21 - 21 10 -                                                                                                                | -       |
| (a) Residence: No. CC. (Usual place of abode)                                                                                                                                                            | If nonreadent give city or town and State                                                                                       | 40      |
| PERSONAL AND STATISTICAL PARTICULARS                                                                                                                                                                     | MEDICAL CERTIFICATE OF DEATH                                                                                                    | -       |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,                                                                                                                                                     | 21. DATE OF DEATH                                                                                                               |         |
| mal white OR DIVORCED (write the word)                                                                                                                                                                   | tules /6 , 193                                                                                                                  | 5       |
| 5a. If married, widowed, or divorced HUSBAND of                                                                                                                                                          | (Month) (Day) (Yee                                                                                                              |         |
| (or) WIFE of                                                                                                                                                                                             | 22.   HEREBY CERTIEY, That I attended deceesed                                                                                  | from    |
| Been 1. 12 193                                                                                                                                                                                           | 19.3 >, to July 16., 19.                                                                                                        | 8.5     |
| 6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than                                                                                                                           | Wast saw h elive on fely 19 ; deeth i                                                                                           | is said |
| 1 day,hrs.                                                                                                                                                                                               | to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance                  |         |
| 8. Trade, profession, or particular                                                                                                                                                                      | were es follows:                                                                                                                | onset   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.                                                                                                                                                  | 9001 1000 - 711                                                                                                                 | -12     |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end | frequency.                                                                                                                      | 013     |
| SAW MILL, BANK, etc.                                                                                                                                                                                     |                                                                                                                                 |         |
| Spell I II fills                                                                                                                                                                                         |                                                                                                                                 |         |
| year) occupation                                                                                                                                                                                         | Other Contributory Causes of importance:                                                                                        |         |
| 12. BIRTHPLACE (city or town) MAG: (State or country)                                                                                                                                                    | A                                                                                                                               |         |
|                                                                                                                                                                                                          | Marcho & neurona 7/                                                                                                             | 143     |
| 13. NAME force services  14. BIRTHPLACE (city or town).                                                                                                                                                  |                                                                                                                                 |         |
| 4 14. BIRTHPLACE (city or town) (State or country)                                                                                                                                                       | Name of operation                                                                                                               |         |
|                                                                                                                                                                                                          | What test confirmed diegnosis?                                                                                                  |         |
| H                                                                                                                                                                                                        | 23. If death was due to external causes (VIOL ENCE) fill in also the following:                                                 |         |
| 16. BtRTHPLACE (city or town)  (State or country)                                                                                                                                                        | Accident, suicide, or homicide?                                                                                                 |         |
| 11111-21-4                                                                                                                                                                                               | Where did injury occur? (Specify city or town, county and State)                                                                |         |
| 17. INFORMANT (Address)                                                                                                                                                                                  | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                                                       |         |
| 18. BURIAL, CREMATION, OR REMOVAL                                                                                                                                                                        | Manner of injury                                                                                                                |         |
| Place Hagnaton nd Date perky 18 1933                                                                                                                                                                     | Nature of injury                                                                                                                |         |
| 10 HADERTANES IT A & Allegen A.                                                                                                                                                                          | 24. Was disease or Injury in any way related to occupation of deceased?                                                         |         |
| 19. UNDERTAKER (Address)                                                                                                                                                                                 | If so, specify                                                                                                                  | f       |
| 20. FILED July 18, 19 33 (EEWooff                                                                                                                                                                        | (Signed) John wore h                                                                                                            | M. D    |
| 20. FILED Gelle /8 , 19 99 Registrar.                                                                                                                                                                    | (Address) Cambridge Mas                                                                                                         | 1.      |
|                                                                                                                                                                                                          | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.                                                                      | -       |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I                                                                      |             | Example H                                                                      |                     |               |  |
|--------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------|---------------------|---------------|--|
| The principal cause of death and related causes of importance were as follows: |             | The principal cause of death and related causes of importance were as follows: |                     | Date of onset |  |
| Arteriosclerosis                                                               | 1915        | Attack of epilepsy                                                             |                     | 1 week ago    |  |
| Chronic interstitial nephritis                                                 | 1921        | Run over by street ear                                                         | VAC 9 1833          | 1 week ago    |  |
| Cerebral hemorrhage                                                            | July 5,1927 | Peritonitis                                                                    |                     | 3 days ago    |  |
|                                                                                |             |                                                                                | 0.53 /A1510 E8      |               |  |
| Other contributory causes of importance:                                       |             | Other contributory can                                                         | uses of importance: |               |  |
| Gallstones                                                                     | May 1,1923  | Gastroenteritis                                                                |                     | 1 year        |  |
|                                                                                |             |                                                                                |                     |               |  |
|                                                                                |             |                                                                                |                     |               |  |

| ADDITIONAL SPACE FOR FURTHER STATE | EMENTS BY PHYSICIAN |  |
|------------------------------------|---------------------|--|
|------------------------------------|---------------------|--|

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

07108

| 1. PLACE                                                                             | OF DEATH                                                                                                                        | MIN CORRECT     |                                   | (&)                                                                                                                                                                                     |  |  |  |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| County                                                                               | Dorchester                                                                                                                      | C               | TO LIMITS OF                      | Registration Dist. No. 116                                                                                                                                                              |  |  |  |
|                                                                                      | City Cambridge                                                                                                                  | Md.             | (If                               | No. Maternity nospital St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)                                                            |  |  |  |
| Length of re                                                                         | esidence in city or town whera                                                                                                  | death occurred  | yrsmos                            | ds. How long in U.S. if of foreign birth?yrsmosds.                                                                                                                                      |  |  |  |
| 2. FULL N                                                                            | AME Infar                                                                                                                       | nt Doctson      |                                   |                                                                                                                                                                                         |  |  |  |
| (a) Reside                                                                           | ence: No.                                                                                                                       | (Usual place    | of abode)                         | St., Ward.  If nonresident give city or town and State                                                                                                                                  |  |  |  |
| PERSO                                                                                | NAL AND STATIS                                                                                                                  | TICAL PARTI     | ICULARS                           | MEDICAL CERTIFICATE OF DEATH                                                                                                                                                            |  |  |  |
| 3. SEX Female                                                                        | 4. COLOR OR RACE                                                                                                                | OR DIVORCE      | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH  July 31 , 193 3 (Month) (Day) (Year)                                                                                                                                 |  |  |  |
| 5a. If married, wide<br>HUSBAND of<br>(or) WIFE of                                   | owed, or divorced                                                                                                               |                 |                                   | 22. I HEREBY CERTIFY, That I attended deceased from , 19, 10, 19, 19                                                                                                                    |  |  |  |
|                                                                                      | H (month, day, and year)  ears Months  Still-bppn                                                                               | July 31, 1      | If LESS than I day,hrs. ormin.    | I last saw h OR alive on doad 19 ; death is said to have occurred on the date stated above, at 2:00 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |  |  |  |
| SAWYE<br>9. Industry o                                                               | fession, or particular f work done, as SPINNER, ER, BOOKKEEPER, etc r business in which was done, as SILK MILL, MILL, BANK, etc | None            |                                   | Still-born                                                                                                                                                                              |  |  |  |
| year).                                                                               | ased last worked at cupation (month and                                                                                         | spe<br>occ      | time (years) ent in this upation  | Other Coutributory Causes of Importanca:                                                                                                                                                |  |  |  |
| 12. BIRTHPLACE ( (State or co                                                        | (011) 01 (01111)                                                                                                                | mbridge,<br>Md. |                                   | Shoulder presentation Version                                                                                                                                                           |  |  |  |
| H 14. BIRTHPLA                                                                       | CE (city or town)                                                                                                               |                 |                                   | Name of operation                                                                                                                                                                       |  |  |  |
| 15. MAIDEN NAME Hattie Cornish 16. BIRTHPLACE (city or town) (State or country)  Md. |                                                                                                                                 |                 |                                   | 23. If death was due to axternal causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?NQ                                                                       |  |  |  |
| (Address) 18. BURIAL, CREM.                                                          | Walter Doo<br>Hurlock, I<br>ATION, OR REMOVAL<br>HURLOCK, Md.                                                                   | Md.             | y 31 <sub>19</sub> 33             | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury                                                    |  |  |  |
|                                                                                      | Walter Dodson                                                                                                                   | n, (father      | r)                                | 24. Was disease or injury in any way related to occupation of deceased?No                                                                                                               |  |  |  |
| 20. FILED July 31, 19 33 E. 2. Wolff Registrar.                                      |                                                                                                                                 |                 |                                   | (Signed) Roger Hift M.D.  (Address) Hurlock, Md.                                                                                                                                        |  |  |  |

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| A A                                               | Example I               |               | Example II                                                                     |               |
|---------------------------------------------------|-------------------------|---------------|--------------------------------------------------------------------------------|---------------|
| The principal cause of d of importance were as fo | eath and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis                                  | 1045.                   | 1915          | Attack of epilepsy                                                             | 1 week ago    |
| Chronic interstitial nephriti                     | 8                       | 1921          | Run over by street car                                                         | 1 week ago    |
| Cerebral hemorrhage                               | I BURLUAU               | July 5,1927   | Peritonitis                                                                    | 3 days ago    |
|                                                   |                         |               |                                                                                |               |
| Other contributory cause                          | es of importance:       |               | Other contributory causes of importance:                                       |               |
| Gallstones                                        |                         | May 1,1923    | Gastroenteritis                                                                | 1 year        |
|                                                   |                         |               |                                                                                |               |
|                                                   |                         |               |                                                                                |               |

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-PHYSICIANS AGE should be stated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, WITH

V. S. No. 1 ä ż

should state

| 1. PLACE OF DEATH  County  Cou | STATE OF MARYLAND                                              | CERTIFICATE OF DEATH 07103                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------|
| Allage or City. Carrielly 1. St., Ward  Langth of rasidance in city or town whare dash occurred. Wrs. Mes. ds. How long in U. S. If of foreign birth? Ward.  2. FULL NAME  (a) Residence: No. 3.0 % Ward.  (b) Residence: No. 3.0 % Ward.  (c) Residence: No. 3.0 % Ward.  (d) Residence: No. 3.0 % Ward.  (E) Residence: No. 3.0 % No. 100 No |                                                                |                                                                            |
| Langth of residence in city or town whare death secured yes mes.  2. FULL NAME  (a) Residence: No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                                                            |
| 2. FULL NAME  (a) Residence: No. 30 To New Country  (businessed abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX Way 4. COLOR OR RACE  OR DIVORCED (wine the word)  So. If marriad widow, or divorced (or) WHE of Country  So. If marriad widow, or divorced (or) WHE of Country  So. If marriad widow, or divorced (or) WHE of Country  So. If marriad widow, or divorced (or) WHE of Country  So. If marriad widow, or divorced (or) WHE of Country  So. If marriad widow, or divorced (or) WHE of Country  So. If marriad widow, or divorced (or) WHE of Country  So. If marriad widow, or divorced (or) WHE of Country  So. If marriad widow, or divorced (or) WHE of Country  So. If marriad widow, or divorced (or) WHE of Country  I last saw h. L. divorced on the date stated abova, at J. A.t. m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance way are done, as SIK MILL, SAW MILL, BARK, atc.  So. If marriad widow, or particular NER.  So. If we country or particular NER.  So. If | Village or City Carchilge (If                                  | 110.                                                                       |
| (a) Residence: No. 10 2 Meyers  (Usus) lace of abode.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX 20 4 4. COLOR OR RACE OR DIVORCED (wine this word) OR DIVORCE | Langth of rasidanca in city or town whara daath occurredyrsmos | ds. How long in U.S. If of foreign birth?yrsmosds.                         |
| PERSONAL AND STATISTICAL PARTICULARS  S. SEX WY 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("wine the word)  So. It married, widowed, or divorced HUSBAND of ("Oby) 193. 3. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 193. 3. 193. 3. 193 | 2. FULL NAME                                                   |                                                                            |
| PERSONAL AND STATISTICAL PARTICULARS  S. SEX WY 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("wine the word)  So. It married, widowed, or divorced HUSBAND of ("Oby) 193. 3. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 4. 193. 3. 193. 3. 193. 3. 193 | (a) Recidence. No 302 Herry                                    | St., Ward,                                                                 |
| 3. SEX Not 4. COLOR OR RACE OR DIVORCED (which have word)  Color or particular Months, day, and year)  So. DATE OF BIRTH (month, day, and year)  Months  So. DATE OF BIRTH (month, day, and year)  Months  So. DATE OF BIRTH (month, day, and year)  Months  So. DATE OF BIRTH (month, day, and year)  Months  So. DATE OF BIRTH (month, day, and year)  Months  So. DATE OF BIRTH (month, day, and year)  Months  So. DATE OF BIRTH (month, day, and year)  Months  So. DATE OF BIRTH (month, day, and year)  Months  So. DATE OF BIRTH (month, day, and year)  Months  So. DATE OF BIRTH (month, day, and year)  Months  So. DATE OF BIRTH (month, day, and year)  Months  So. DATE OF BIRTH (month, day, and year)  Months  So. DATE OF BIRTH (month, day, and year)  I last saw h. L. device on country  | (Usual place of abode)                                         |                                                                            |
| OR DIVORCED (white the word)  53. If married, widowad, or divorced HUSBAND HUSBAND HUSBAND (Wonth)  Capy  (Year)  12. I HEREBY CERTIFY, That I attanded dacascad from 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PERSONAL AND STATISTICAL PARTICULARS                           |                                                                            |
| HUSBAND OF (or) WIFE of  6. DATE OF BIRTH (month, day, and year) TARCH. To G 3 STANKER, Months or min.  7. ACE Years Months Days If LESS than I day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OR DIVORCED (write the word)                                   | 193 83                                                                     |
| A SET OF BIRTH (month, day, and yay, and yay)  A SET Years  A Month Set Mannia  Bay 1 IT LESS than 1 day hrs. or min.  8. Trada, profassion, or particular or min.  9. Industry or business in which say min.  9. Industry or business in which say min.  9. Saw Mill, BARK, slc.  10. Date daceased last worked at the second particular or min.  11. Total time (years)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place or particular or min.  19. UNDERTAKER  Alick State or min.  19. UNDERTAKER  Alick State or min.  10. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  10. Date daceased last worked at the set of lower min.  11. Total time (years)  12. BIRTHPLACE (city or town)  (State or country)  13. Make  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place Or particular or min.  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. Mannar of injury  11. Male  11. Total time (years)  12. Male  12. M                                                                                                          | HUSBAND of                                                     | 22. I HEREBY CERTIFY, That i attanded dacaasad from                        |
| A SET OF BIRTH (month, day, and yay, and yay)  A SET Years  A Month Set Mannia  Bay 1 IT LESS than 1 day hrs. or min.  8. Trada, profassion, or particular or min.  9. Industry or business in which say min.  9. Industry or business in which say min.  9. Saw Mill, BARK, slc.  10. Date daceased last worked at the second particular or min.  11. Total time (years)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place or particular or min.  19. UNDERTAKER  Alick State or min.  19. UNDERTAKER  Alick State or min.  10. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  10. Date daceased last worked at the set of lower min.  11. Total time (years)  12. BIRTHPLACE (city or town)  (State or country)  13. Make  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place Or particular or min.  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. Mannar of injury  11. Male  11. Total time (years)  12. Male  12. M                                                                                                          | 7-2-07-                                                        | Hart same It alies and send July 12 10 \$5 days to le cald                 |
| 1 day, hrs. or min.    |                                                                |                                                                            |
| 8. Trada, profassion, or particular kind of work done as SPINNER, SAVYER, BOKKEPER, atc.  9. Industry or business in which worked at worked at this occupation (month and years) spant in this occupation (month and years)  10. Date dacased last worked at this occupation (month and years)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  19. UNDERTAKER  Absorb Acad African  19. UNDERTAKER  (Address)  20. FILED  ACID Acad African  19. UNDERTAKER  (Signed)  M. D.  Accident, suicide, or homicide?  Mannar of injury  Nature | 1 day,hrs.                                                     | The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance              |
| 3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.   10. Date dacased last worked at this occupation (month and year)   11. Total time (years)   12. BIRTHPLACE (city or town). (State or country)   13. NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TO FIXO F                                                      | were as follows:                                                           |
| 3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.   10. Date dacased last worked at this occupation (month and year)   12. BIRTHPLACE (city or town). (State or country)   13. NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | kind of work done, as SPINNER,                                 | Cefortin cop 3 months                                                      |
| 12. BIRTHPLACE (city or town)   13. NAME   14. BIRTHPLACE (city or town)   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BIRTHPLACE (city or town)   18. BURIAL, CREMATION, OR REMOVAL   Place   19. UNDERTAKER   19. 23   19. 23   19. 23   19. 23   19. 24   19. What disass or injury in any way related to occupation of dacassad?   16. Occupation of dacassad?   16. Specify   19. UNDERTAKER   19. 23   19. 23   19. 24   19. 24   19. Specify   19. UNDERTAKER   19. 23   19. 23   19. 24   19. Specify   19. UNDERTAKER   19. 24   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   1   | 9, Industry or business in which work was done as SILK MILL.   |                                                                            |
| 12. BIRTHPLACE (city or town)   13. NAME   14. BIRTHPLACE (city or town)   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BIRTHPLACE (city or town)   18. BURIAL, CREMATION, OR REMOVAL   Place   19. UNDERTAKER   19. 23   19. 23   19. 23   19. 23   19. 24   19. What disass or injury in any way related to occupation of dacassad?   16. Occupation of dacassad?   16. Specify   19. UNDERTAKER   19. 23   19. 23   19. 24   19. 24   19. Specify   19. UNDERTAKER   19. 23   19. 23   19. 24   19. Specify   19. UNDERTAKER   19. 24   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   19. 25   1   | SAW MILL, BANK, atc                                            |                                                                            |
| Other Coutributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Addrass)  18. BURIAL, GREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Data of What test confirmed diagnosis? Was thare an au'opsy?  20. If death was dua to axtarnal causas (VIOL ENCE) fill in also the following: Accidant, suicide, or homicide?  Where did injury occur? (Specify city or town, country and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of injury Nature of injury  24. Was disassa or injury in any way related to occupation of dacasad?  16 so, spacify (Signed)  M. E  17. Other Coutributory Causes of importance:  Name of oparation What test confirmed diagnosis? Was thare an au'opsy?  25. If death was dua to axtarnal causas (VIOL ENCE) fill in also the following: Accidant, suicide, or homicide?  Accidant, suicide, or homicide?  Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of injury  24. Was disassa or injury in any way related to occupation of dacasad?  16 so, spacify (Signed)  M. E  17. Other Coutributory Mannar of injury Mannar of injury Mannar of injury  Mannar of injury  Mannar of injury  (Signed)  M. E  M. |                                                                |                                                                            |
| (State or country)    13. NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | mi                                                             | Other Coutributory Causes of importance:                                   |
| 13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Triping of The Total  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED Add 13. 19.33  20. FILED Add 13. 19.33  21. NAME  14. BIRTHPLACE (city or town) (State or country)  What test confirmed diagnosis?  Was thare an au'opsy?  22. If death was due to external causes (VIOLENCE) fill in also the following:  Accidant, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Address  19. UNDERTAKER (Signed)  Mannar of injury  Nature of injury  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  Carmana Light Address (Signed)  M. E  Carmana Light Address (Signed)  M. E  Carmana Light Address (Signed)  M. E  Carmana Light Address  Mannar of injury in any way related to occupation of dacasaed?  M. E  Carmana Light Address  (Signed)  M. E  Carmana Light Address  Mannar of injury in any way related to occupation of dacasaed?  M. E  Carmana Light Address  (Signed)  M. E  Carmana Light Address  Mannar of injury  Nature of injury  (Signed)  M. E  Carmana Light Address  Mannar of injury in any way related to occupation of dacasaed?  M. E  Carmana Light Address  (Signed)  M. E  Carmana Light Address  Mannar of injury in any way related to occupation of dacasaed?  M. E  Carmana Light Address  Mannar of injury  Nature of injur |                                                                |                                                                            |
| What test confirmed diagnosis?  What test confirmed diagnosis?  Was there an au opsy?  What test confirmed diagnosis?  Was there an au opsy?  23. If death was dua to axternal causas (VIOLENCE) fill in also the following:  Accidant, suicide, or homicide?  Date of injury.  Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  Mannar of injury.  Nature of injury.  19. UNDERTAKER Accident for the following:  Accidant, suicide, or homicide?  Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  Mannar of injury.  Nature of injury.  24. Was disaasa or injury in any way related to occupation of dacaasad?  No. Date of injury.  Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  Mannar of injury.  19. UNDERTAKER Accident for the following:  Maccidant, suicide, or homicide?  Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Signed)  Mannar of injury.  24. Was disaasa or injury in any way related to occupation of dacaasad?  M. Date of injury.  (Signed)  M. Date of injury.  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Signed)  M. Date of injury.  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Signed)  M. Date of injury.  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Signed)  Mannar of injury.  Mature of injury.  Mature of injury.  M. Date of injury.  Mature of inj | 1 10 5 10                                                      |                                                                            |
| What test confirmed diagnosis?  What test confirmed diagnosis?  Was that a an au opsy?  What test confirmed diagnosis?  Was that a an au opsy?  What test confirmed diagnosis?  Was that a an au opsy?  What test confirmed diagnosis?  Was that a an au opsy?  Was that a an au opsy?  Accidant, suicide, or homicide?  Date of injury.  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  Spacify whather injury.  Mannar of injury.  Nature of injury.  19. UNDERTAKER Accident by father (Address)  Was that ear an au opsy?  Was that ear an au opsy?  Accidant, suicide, or homicide?  Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  Was disaasa or injury in any way related to occupation of dacaasad?  16. BIRTHPLACE (city or town)  Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  Was disaasa or injury in any way related to occupation of dacaasad?  19. UNDERTAKER Accident by Accide | II mil.                                                        | Name of operation                                                          |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  10. MAIDEN NAME  10. BIRTHPLACE (city or town) (Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  Mannar of injury Nature of injury  19. UNDERTAKER (Address)  18. Spacify (Signed)  18. Spacify (Signed)  M. D.  (Signed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 14, BIRTHPLACE (city or town)                                  |                                                                            |
| 17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Placa Primit of a fully 13, 19 33  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILED Mark 13, 19 33  E. Woeff  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  Mannar of injury  Nature of injury  24. Was disaasa or injury in any way related to occupation of dacaasad?  No. Spacify  (Signed)  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Addrass)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Addrass)  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Addrass)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Addrass)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Addrass)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Signed)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Signed)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Signed)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Signed)  Spacify whather injury occurred in INDUSTRY, In HOME, o | 15. MAIDEN NAME makel Paul                                     |                                                                            |
| 17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Placa Primit of a fully 13, 19 33  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILED Mark 13, 19 33  E. Woeff  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  Mannar of injury  Nature of injury  24. Was disaasa or injury in any way related to occupation of dacaasad?  No. Spacify  (Signed)  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Addrass)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Addrass)  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Addrass)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Addrass)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Addrass)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Signed)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Signed)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Signed)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Signed)  Spacify whather injury occurred in INDUSTRY, In HOME, o | 16 RIPTHDI ACE (city or town)                                  | Accidant, suicide, or homicida?                                            |
| 17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Placa Or friend of the bata fully 13., 19.33  19. UNDERTAKER Shief seed of the father (Address)  20. FILED Mark 13., 19.33 E. Woeff  (Signed)  Spacify whather injury occurred in INDUSTRY, In HOME, or In PÜBLIC PLACE.  Mannar of injury Nature of injury  24. Was disaasa or injury in any way related to occupation of dacaasad?  (Signed)  M. D. C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | State or country)                                              |                                                                            |
| 18. BURIAL, CREMATION, OR REMOVAL Place or friend of the factor following the following state of injury  19. UNDERTAKER Shief seed of the father (Address)  24. Was disaasa or injury in any way related to occupation of dacaasad? No  15 so, spacify  20. FILED LALL 13, 19 33 E. Woeff  (Signed)  Mannar of injury Nature of injury  (Signed)  Mannar of injury  Nature of injury  (Signed)  Mannar of injury  Nature of injury  (Signed)  Mannar of injury  Nature of injury  Nature of injury  (Signed)  Mannar of injury  Nature of injury  Nature of injury  Nature of injury  Nature of injury  (Address)  Mannar of injury  Nature of injury  (Address)  Mannar of injury  Nature of injury  (Address)  Mannar of injury  Nature of injury  (Signed)  Mannar of injury  Nature of injury  Nature of injury  Nature of injury  (Address)  Mannar of injury  Nature of injury  Nature of injury  (Address)  Mannar of injury  Nature of injury  Nature of injury  (Address)  Mannar of injury  Nature of injury  (Address)  Mannar of injury  Nature of injury  Nature of injury  (Address)  Mannar of injury  Nature of injury  |                                                                |                                                                            |
| Placa refined of a fully 13, 1933  Nature of injury  19. UNDERTAKER Ship seed of by father  (Address)  24. Was disaasa or injury in any way related to occupation of dacaasad? no  15 so, spacify  (Signed)  (Signed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                | Mannar of injury                                                           |
| (Address) Cambridge) Ma. If so, spacify  2D, FILED May 13, 1933 E. Woeff (Signed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                                                            |
| (Address) Cambridge) Ma. If so, spacify  2D, FILED May 13, 1933 E. Woeff (Signed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10 HUDGETAKER Alice to race d) at her fathor)                  | 24. Was disaasa or injury in any way related to occupation of dacaasad? 20 |
| 20, FILED MILL 12, 19.33 CM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                | -                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20 5450 July 13 10 33 E. 8. Works                              | (Signed) Tuy Sluck M. D.                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                | (Addrass) Cambridge MMs                                                    |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I                                                                                        |               | Example II                                                                     |                       |
|--------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|-----------------------|
| The principal cause of death and related causes of importance were as follows:  Arterioselerosis | Date of onset | The principal cause of death and related causes of importance were as follows: |                       |
| Chronic interstitial nephritis                                                                   | 1910          | Allack of epilepsy  Run over by street car                                     | 1 week ago            |
| Cerebral hemorrhage                                                                              | July 5, 1927  | Peritonitis                                                                    | 1 week ago 3 days ago |
|                                                                                                  |               |                                                                                |                       |
| Other contributory causes of importance:                                                         |               | Other contributory causes of importance:                                       |                       |
| Gallstones                                                                                       | May 1,1923    | Gastroenteritis                                                                | 1 year                |
|                                                                                                  |               |                                                                                |                       |
|                                                                                                  |               |                                                                                |                       |

B.

10. Date deceased last worked at this occupation (month and

Not

(State or country)

15. MAIDEN NAME

14. BIRTHPLACE (city or town) (State or country)

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

13, NAME

17. INFORMANT (Address)

19. UNDERTAKER (Address)

FATHER

MOTHER

| Every item of infor-<br>CIANS should state<br>ement of OCCUPA- | Village or (                                          | F DEATH TREE Orchester City Cambrid                            | (II) death occurred 37/s, mos                                            | No.  f death occurred in a horpital or instit                                 | Registration Dist. No    |
|----------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------|
| RECORD. Ever. PHYSICIAN Exact statemen                         | (a) Resider                                           | nce: No. 302 Rac                                               | e Strtee t (Usual place of abode) /                                      | St., 4 Ward.                                                                  | If nonresident give city |
| EC P                                                           |                                                       |                                                                | ICAL PARTICULARS                                                         |                                                                               | ERTIFICATE OF            |
| E X                                                            | 3. SEX  Male                                          | 4. COLOR OR RACE White                                         | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word)<br>Harried. | 21. DATE OF DEATH                                                             | Tilly (Do                |
| BINDING PERMANEN EXACTI y classified to.                       | 5a. If married, widon<br>HUSBAND of<br>(or) WIFE of   | wed, or divorced Hary E. Hu                                    | bbard                                                                    | 22. I HEREB                                                                   | Y CERTIFY, Tha           |
| BINJ<br>PERM<br>EX EX Iy cla                                   | 6. DATE OF BIRTH                                      | (month, day, and year)                                         | 1860                                                                     | 1 last saw h_ alive on                                                        | July 24                  |
| FOR B IS A PE stated E properly certificate                    | 7. AGE Ye                                             | ars Months                                                     | Days If LESS than 1 day,hrs. ormin.                                      | to have occurred on the date stat The PRINCIPAL CAUSE OF DEA were as follows: |                          |
| SERVED FINK—THIS II should be stift may be pound back of ce    | Kind of SAWYER SAWYER WORK WE SAW MI 10. Date decease | ession, or particular work done, as SPINNER R, BOOKKEEPER, etc | X                                                                        | -                                                                             | wh oise                  |

Dorchester

Known

16. BIRTHPLACE (city or town) Dorchester County

Prs Mary E. Foxwell. Cambridge Md.

Known

Not

latvland.

11. Total time (years)
spant in this
occupation \_\_\_\_

Cou ty

8/I/33. 19

07104

|                                                                                           | Registration Dist. No. II                                                                                                            | 6                |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------|
|                                                                                           | St.,stitution, give its NAME instead of street an                                                                                    | d number)        |
| St., 4 Ward.                                                                              | If nonresident give cily or town a                                                                                                   | nd State         |
| MEDICAL                                                                                   | CERTIFICATE OF DEATH                                                                                                                 |                  |
| 21. DATE OF DEATH                                                                         |                                                                                                                                      |                  |
|                                                                                           | (Month) (Day)                                                                                                                        | h, 193 (Year)    |
| 1 last saw h alive on to have occurred on the date s                                      | BY CERTIFY. That I attended to the state of above, at 9.30 m. 19.0 EATH and related causes of importance                             | 7; death is said |
| 1                                                                                         | not vision                                                                                                                           | Carry            |
| Other Cuutributury Causes of l.                                                           | Importance:                                                                                                                          |                  |
| Name of operation                                                                         | Date of                                                                                                                              |                  |
|                                                                                           | ? Was there a                                                                                                                        |                  |
| 23. If death was due to external Accident, suicide, or homicide?  Where did injury occur? | Causes (VIOLENCE) fill In also the follow?  Date of injury  (Specify city or town, county and Sed in INDUSTRY, in HOME, or in PUBLIC | ing:<br>, 19     |
| Manner of injury                                                                          |                                                                                                                                      |                  |
| 24. Was disease or injury in an  If so, specify  (Signed)  (Address)                      | y way related to occupation of deceased?  Cambrilly MM 1                                                                             | № М. D.          |
| N. O O. D                                                                                 | W                                                                                                                                    |                  |

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

54



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I                                                                      |             | Example II                                                                     | of _          |
|--------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------|---------------|
| The principal cause of death and related causes of importance were as follows: |             | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis                                                               | 1915        | Attack of epilepsy                                                             | 1 week ago    |
| Chronic interstitial nephritis                                                 | 1921        | Run over by street car                                                         | 1 week ago    |
| Cerebral hemorrhage                                                            | July 5,1927 | Peritonilis                                                                    | 3 days ago    |
| BUREAU V. S.                                                                   |             |                                                                                |               |
| Other contributory causes of importance:                                       |             | Other contributory causes of importance:                                       |               |
| Gallstones                                                                     | May 1,1923  | Gastroenteritis                                                                | 1 year        |
| *                                                                              |             |                                                                                |               |

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0 4

See instructions on back of certificate.

| Eve                                              | CIA                                                  | eme                                                               |
|--------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------|
| RD.                                              | YSI                                                  | stat                                                              |
| REC0                                             | . PH                                                 | Exact                                                             |
| ITH UNFADING INK-THIS IS A PERMANENT RECORD. Eve | lly supplied. AGE should be stated EXACTLY. PHYSICIA | plain terms, so that it may be properly classified. Exact stateme |
| IS A PEF                                         | stated E                                             | properly                                                          |
| HIS                                              | be                                                   | be                                                                |
| NK-T                                             | plnods                                               | it may                                                            |
| NG II                                            | AGE                                                  | that                                                              |
| UNFADI                                           | supplied.                                            | terms, se                                                         |
| TTI                                              | lly s                                                | plain                                                             |

should state nt of OCCUPAry item of inforSTATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH                                                                                                     | 10%)                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| county Dozchester                                                                                                     | Registration Dist. No. /Y 0                                                              |
| Village or City Throleskale P.D.                                                                                      | No. St Ward                                                                              |
|                                                                                                                       | death occurred in a hospital or institution, give its NAME instead of street and number) |
| 7. 62                                                                                                                 | ds. How long In U. S. if of foreign birth?yrsmosds.                                      |
| 2. FULL NAME Orsel M. Jale                                                                                            |                                                                                          |
| (a) Residence: No. (Usual place of abode)                                                                             | St., Ward.  If nonresident give city or town and State                                   |
| PERSONAL AND STATISTICAL PARTICULARS                                                                                  | MEDICAL CERTIFICATE OF DEATH                                                             |
| 3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  Thile  Single, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH  (Mogth) (Day) (Year)                                                  |
| 5a. If married, widowed, or divorced HUSBAND of                                                                       |                                                                                          |
| (or) WIFE of                                                                                                          | 22. I HEREBY CERTIFY, That attended deceased from                                        |
| 6. DATE OF BIRTH (month, day, and year) Jahuary 2 0 1858                                                              | (last saw h 21) alive on Infa 2 , 1933; death is said                                    |
| 7. AGE Years Month Days If LESS than                                                                                  | to have occurred on the date stated above, at 1724.m.                                    |
| 75 2 1 day,hrs.                                                                                                       | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:           |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Work SAWYER, BOOKKEEPER, etc.                      | - Click of Kennsheige 1428                                                               |
| 9. Industry or business in which                                                                                      |                                                                                          |
| work was done, as SILK MILL, SAW MILL, BANK, etc                                                                      |                                                                                          |
| 10. Date deceased last worked at this occupation (month and year) year)                                               |                                                                                          |
| 'S                                                                                                                    | Other Contributory Causes of importance:                                                 |
| 12. BIRTHPLACE (city or town) Manual way (State or country)                                                           | John Munoma 1133                                                                         |
|                                                                                                                       |                                                                                          |
| 13. NAME Story Date  14. BIRTHPLACE (city or town) Duaryland:                                                         | Name of operation                                                                        |
| (State or country)                                                                                                    | What test confirmed diagnosis? Was there an autopsy?                                     |
| 15. MAIDEN NAME Josephine Jump.                                                                                       | 23. If death was due to external causes (VIOLENCE) fill in also the following:           |
| 15. MAIDEN NAME 1 16. BIRTHPLACE (city or town) Preuty fund.                                                          | Accident, suicide, or homicide?Date of injury,19                                         |
| (State or country)                                                                                                    | Where did injury occur? (Specify city or town, county and State)                         |
| 17. INFORMANT Leage Sale July Rot B                                                                                   | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                |
| 18. BURIAL, CREMATION, OR REMOVAL                                                                                     | Manner of injury                                                                         |
| Place Coas low. M.D. Date Guly. H., 1933                                                                              | Nature of injury                                                                         |
| 19 UNDERTAKER STATES COMPLETON & Sou                                                                                  | 24. Was disease or injury in any way related to occupation of deceased?                  |
| (Address) L'éderalstrurg und                                                                                          | If so, specify                                                                           |
| 20 FILED July 4, 1933 Chas W Hosting                                                                                  | (Signed) VD Jullustu A. M. D.                                                            |
| Registrar.                                                                                                            | (Address) thurstons Mix.                                                                 |

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance wêre as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by strect car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS |
|-------------------------------------------------|
|-------------------------------------------------|

| B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RI mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ExTION is very important. See instructions on back of certificate. | (0) |                             | PHYSICIANS should state act statement of OCCUPA.                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                        |     | MARGIN RESERVED FOR BINDING | N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. |

| 1. PLACE OF DEAT                                                                                                  | гн          | JF MAR               | YLAND—                                 | CERTIFICATE                                                                     | OF DEA               | ()                    | 7106             |
|-------------------------------------------------------------------------------------------------------------------|-------------|----------------------|----------------------------------------|---------------------------------------------------------------------------------|----------------------|-----------------------|------------------|
| County Done                                                                                                       | heate       |                      | rime.                                  | 74.01                                                                           | Registration         |                       | 1.9              |
| Village Dr City Leading Length of residence in ci                                                                 |             | 0                    |                                        | ND.  death occurred in a hospital or institution.  ds. How long in U.S. if of   |                      |                       | d number)        |
| 2. FULL NAME_2 (a) Residence: No                                                                                  |             |                      | Heeghe                                 | St., Ward.                                                                      |                      |                       |                  |
| (a) Residence. No                                                                                                 |             | (Usual place         | e of abode)                            |                                                                                 | If nonresident       | give city or town a   | nd State         |
| PERSONAL AN                                                                                                       | D STATIST   | ICAL PART            | ICULARS                                |                                                                                 | ERTIFICATE           | OF DEATH              |                  |
| Fernole Wh                                                                                                        | R OR RACE   |                      | RRIED, WIDOWED,<br>ED (write the word) | 21. DATE OF DEATH                                                               | July                 | 25 <sup>-</sup> (Day) | , 1983<br>(Yeer) |
| 5a. If married, widowed, or divo<br>HUSBAND of<br>(or) WIFE of                                                    | rced        | 1                    |                                        | 22. I HEREBY                                                                    | Y CERTIF             |                       |                  |
| 6. DATE OF BIRTH (month, day                                                                                      | and veer)   | · 4. 1               | 1733                                   | i Jast saw here alive on                                                        | - 1                  | 26 ,193               | ,                |
| 7. AGE Years                                                                                                      | Months      | Days 21              | If LESS than I day,hrs. ormin.         | to have occurred on the date start The PRINCIPAL CAUSE OF DEA' were as follows: | ed above, et. J. P.  | m.                    | Date of onset    |
| 8. Trede, profession, or profession of work done. SAWYER, BDOKKEE 9. Industry or business in                      | which       | nm                   |                                        | marasu                                                                          | uel                  |                       | Jen 4,9          |
| 9. Industry or business in work was done, as: SAW MILL, BANK, 10. Date deceased last wo this occupation (mo year) | ked at      | sp                   | time (yeers)<br>ent in this            | -                                                                               |                      |                       |                  |
| 12. BIRTHPLACE (city or town) (State or country)                                                                  | leans       | endge,               | ned                                    | Other Coutributory Causes of imp                                                | ortance: Ren         | th                    |                  |
| 13. NAME Dorce                                                                                                    | y We        | lley                 |                                        |                                                                                 |                      |                       |                  |
| 14. BIRTHPLACE (city or to                                                                                        | W Dor       | eh (t                | les het                                |                                                                                 |                      |                       |                  |
| 15. MAIDEN NAME                                                                                                   | ela 7       | 1                    | 4                                      | What test confirmed diagnosis?                                                  |                      |                       |                  |
| I IS. MAIDEN NAME                                                                                                 | 0           | - CO                 | C 2 6                                  | 23. If death wes due to external ca                                             |                      |                       |                  |
| 16. BIRTHPLACE (city or to<br>(State or country)                                                                  | own) Javov  | chester              | 108, HX                                | Accident, suicide, or homicide? Where did injury occur?                         | (Specify city or     | town, county and S    | tate)            |
| 17, INFORMANT Quel (Address)                                                                                      | Plan        | leg                  | med.                                   | Specify whether injury occurred i                                               | in INDUSTRY, in HC   | IME, or in PUBLIC     | PLACE.           |
| 18. BURIAL, CREMATION, DR I                                                                                       | REMOVAL R.S | FD Date Am           | 426 ,1933                              | Manner of injury                                                                |                      |                       |                  |
| 19. UNDERTAKER (Address)                                                                                          | Canh        | alban                | The                                    | 24. Was disease or injury in any v                                              | way related to occup | ation of deceased?    | no               |
| 20. FILED July 26,                                                                                                | 19 33       | 13.31                | Wolff Registrar.                       | (Signed) (Address) Ban                                                          | Jawes                | pa, me                | М.               |
| 0                                                                                                                 | If mor      | e blanks are needed, |                                        | 2411 N. Charles Street, Baltimore, R                                            | - 9                  | I.                    |                  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10 .- The month and year the deceased last worked at the occupation.

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| Example I                                                                      |               | Example II                                                                     |            |
|--------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: |            |
| Arteriosclerosis                                                               | 1915          | Attack of epilepsy                                                             | 1 week ago |
| Chronic interstitial nephritis                                                 | 1921          | Run over by street car                                                         | 1 week ago |
| Cerebral hemorrhage                                                            | July 5,1927   | Peritonitis                                                                    | 3 days ago |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |            |
| Gallstones                                                                     | May 1,1923    | Gastroenteritis                                                                | 1 year     |
|                                                                                |               |                                                                                |            |

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|         | )                    | , PHYSI-                                             |
|---------|----------------------|------------------------------------------------------|
|         | ECORD                | CTLY                                                 |
|         | L R                  | stated                                               |
| DU      | IS A PERMAN T RECORD | ACE should be stated EXA that it may be properly old |
| BINDING | IS A F               | AGE s<br>that i                                      |

| PLACE OF DEATH  County Dorchester  (No. St: Ward)  Village or City. Salem R. T. (No. St: Ward)  2 FULL NAME GEORGE JOHNSON.  PERSONAL AND STATISTICAL PARTICULARS 3 SEX COLOR OR RACE   5 SINGLED MARKED MARK |                                                                                                                                                                                | 0 m + 0 m                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Village or City Salem A.T. (No. , Sti: Ward) (If death occurred in a hospital or institution, rive its NAME institution institution institution institution institution institution ins |                                                                                                                                                                                |                                                                                                                                                                                                |
| Village or City.  2 FULL NAME  2 FULL NAME  George Johnson.  PERSONAL AND STATISTICAL PARTICULARS  3 SEX  1 COLOR OR RACE S SINGLE. MARKIED OR DIVERGED (Write the word)  6 DATE OF BIRTH  OCtober 1st., (Near) (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from July 18th., 1923. (Month) (Day) (Year)  18 OCCUPATION  6 DATE OF DEATH   I last eaw h im. slive on July 18th., 1923. and that death occurred on the date stated above, at 10. Ps. ms. The CAUSE OF DEATH () was as follows: Pulmonary Taberculosis.  9 OCCUPATION  10 NAME OF FATHER (State or country)  Maryland.  10 NAME OF FATHER John Johnson.  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF FATHER John Johnson.  13 BIRTHPLACE (State or country)  13 MIRTHPLACE (State or country)  13 MIRTHPLACE (State or country)  Md.  14 LIZZIE Baltimore, 15 LIZZIE Baltimore, 16 LIZZIE Baltimore, 16 LIZZIE Baltimore, 17 LICENTHO OF RESIDENCE (For Hospitals, Institutions, Trans- lends, or Recent Residents)  At lace  Were vas disease contracted.  When was disease contracted.  When was disease contracted.  When was disease contracted.  When was disease contracted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | County Dorchester                                                                                                                                                              | Registration Dist. No. 112.                                                                                                                                                                    |
| Male Colored. Sinkle. Married Widowed Or Divorced (World the word)  6 DATE OF BIRTH  October 1st. (Year)  10 DATE OF BIRTH  October 1st. (Year)  11 HEREBY CERTIFY, That I attended the deceased from July 18th., 1923. to July 18th., 1923. and that death occurred on the date stated above, at 10. Re. mo. 18 Occupation  (a) Trade, profession or particular kind of work.  (b) General nature of industry business, or establishment in which employed or (employer).  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE (State or country)  12 MAISTED. MARKED. Married Widowa as a fellows:  Pulmonary Tuberculosis.  Contributory Secondary  Secondary  Secondary  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homeldal.  13 BIRTHPLACE OF MOTHER (State or country)  Md.  13 BIRTHPLACE OF MOTHER (State or country)  Md.  14 LIZZIO Baltimore  15 BIRTHPLACE OF MOTHER (State or country)  Md.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  At place of death yrs. mos. da. State, yrs. mos. da.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Caorga Johnson                                                                                                                                                                 | a liospital or institu-<br>jion, give its NAME in-<br>etead of street and                                                                                                                      |
| Male Colored. Who will be word as a price of particular kind of work.  October 1st., 1887.  (Month) (Day) (Year)  (Feat)  (Feat)  (Month) (Day) (Year)  (Feat)  (Feat)  (Month) (Day) (Year)  (Feat)  (Feat)  (Feat)  (Anth I last saw h im alive on July 18ths., 1923.  and that death occurred on the date stated above, at 10. P  The CAUSE OF DEATH (No was as follows:  Pulmonary Tuberculosis.  (Duration) (Day) (Year)  (Day) (Year)  (Day) (Year)  (Feat)  (Day) (Year)  (Feat)  (For Hospitals, Institutions, Transiens, or Recent Residents)  At place of death yrs. mos. da. State. yrs. mos. da.       | PERSONAL AND STATISTICAL PARTICULARS                                                                                                                                           | MEDICAL CERTIFICATE OF DEATH                                                                                                                                                                   |
| October 1st., 1887.  (Month) (Day) (Year)  If LESS than I dayhrs.  B OCCUPATION (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer).  B HRTHPLACE (State or country)  II BIRTHPLACE OF FATHER (State or country)  Md.  IS MAIDEN NAME OF FATHER (State or country)  IS BIRTHPLACE (State or country)  IS BIRTHPLACE (State or country)  Md.  Lizzie Baltimore.  IS BIRTHPLACE (State or country)  Md.  Lizzie Baltimore.  IS BIRTHPLACE (State or country)  Md.  Lizzie Baltimore.  Where was disease contracted,  Where was disease contracted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Male Colored. MARRIED, Married WIDOWED OR DIVORCED                                                                                                                             | July 22nd., 1933, 192                                                                                                                                                                          |
| B OCCUPATION (a) Trade, profession or particular kind of work (b) Ceneral nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER LIZZIE Baltimore,  13 BIRTHPLACE (State or country)  14 BIRTHPLACE (State or country)  15 BIRTHPLACE (State or country)  16 MANE OF MOTHER  LIZZIE Baltimore,  17 At place (State or country)  Md.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translients, or Recent Residents)  At place (State or country)  Md.  Where was disease contracted,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | October 1st., 1887.  (Month) (Day) (Year)  If LESS than I dayhrs.                                                                                                              | July 18th., 1923, to July 18th., 1923.  that I isst eaw h im alive on July 18th., 1923.  and that death occurred on the date stated above, at 10. Pe. m.  The CAUSE OF DEATH & was as follows: |
| 10 NAME OF FATHER  John Johnson.  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  Md.  Lizzie Baltimore,  13 BIRTHPLACE OF MOTHER  (State or country)  Md.  (Signed)  "State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents, or Recent Residents)  At place of death yrs. mos. da.  Where was disease contracted,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (a) Trade, profession or particular kind of work.  (b) General nature of industry business, or establishment in which employed or (employer).  9 BIRTHPLACE (State or country) | Contributory Secondary                                                                                                                                                                         |
| ients, or Recent Residents)  Lizzie Baltimore,  ients, or Recent Residents)  At place of death yrs. mos. da.  Where was disease contracted,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 10 NAME OF FATHER John Johnson.                                                                                                                                                | (Signed) Dollvard B January M.D.  192. (Address) Vienas Mo.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether                   |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Lizzie Baltimore.  13 BIRTHPLACE OF MOTHER                                                                                                                                     | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  At place of death yrsmosda. State,yrsmosda.  Where was disease contracted,                              |
| (Informant) Frank Wongus . (Relative .) Former or usual residence.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (Informant) Frank Wongus. (Relative.)                                                                                                                                          | Former or usual residence                                                                                                                                                                      |
| Cross-Roads Cemetery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 15                                                                                                                                                                             | Cross-Roads Cemetery. July 24" 19.33.                                                                                                                                                          |

Filed July 23" 133. The Peker If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Sinclair.

Cambridge, Md.

# CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthadditional line is provided for the latter statement; it L..ture of the business or industry, and therefore an cases, especially in industrial employments, it is neces. Civil engineer, Stationary firemen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) gery to know (a) the kind of work and also (b) the ployed, as At school or At home. Care should be taken work, or At Home, and children, not galafully emdefinite salary), may be entered as Housewife, House. household only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed to report specifically the occ pations of persons en-Whatever, write None. tured 6 yrs.). For persons who have no occupation I usiness, that fact may be indicated thus: Farmer (re-Statement of Occupation-Precise statement of ocetc., For many occupations a single word or term on without more precise specification as Day The material

Exacement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"); Diphiheria (avoid use of "Croup"): Typhoid fever (never report "Typhoid pneumonia."):

Bramples: Accidental drowning; Struck by railway stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, montrain-accident; Revolver wound of head-hondede; conditions, such as "Asthenia," "Anaemia" Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be can be ascertained as the cause. Always quality all symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia Whooping cough; Chronic valvular heart disease; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or "PURRPERAL septicuemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," ctc., when a dcfinite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor vulsions," State cause for which surgical operation was under ture of the injury, as fracture of skull, and conse-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, totanus) may be stated under the Poisoned by carbolic acid-probably suicide. The na-FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debillty" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles (merely (second-(disease

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

should state

| STATE OF MARYLAND—                                                                                                                                                                                                         | CERTIFICATE OF DEATH 07108                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH                                                                                                                                                                                                          | 97)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| County Case Co.                                                                                                                                                                                                            | Registration Dist. No. 1/6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Village or City Cambudge                                                                                                                                                                                                   | No. Cambridge hol. Hospit. St Ward                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| (If                                                                                                                                                                                                                        | death occurred in a hospital or institution, give its NAME instead of street and number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 20 TA 10 00                                                                                                                                                                                                                | ds. How long in U.S. if of foreign birth?yrsmosds.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 2. FULL NAME Rathau Rybley                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (a) Residence: No. (ambrudge) Ma (Usualynace of abode)                                                                                                                                                                     | St., Ward.  If nonresident give city or town and State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| PERSONAL AND STATISTICAL PARTICULARS                                                                                                                                                                                       | MEDICAL CERTIFICATE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Undowned  Wedowed                                                                                                                                                     | 21. DATE OF DEATH July 31 (Month) (Dey) (Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hallislay                                                                                                                                                | 22. I HEREBY CERTIFY, That I attended deceased from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 6. DATE OF BIRTH (month, day, and year) Wy - 14mour                                                                                                                                                                        | I last saw h alive on Fully 31, 1937; death is seld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 7. AGE Years Months Days If LESS than 1 dey,hrs.                                                                                                                                                                           | to have occurred on the date stated above, at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ormin.                                                                                                                                                                                                                     | The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:  Date of onset                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 8. Trade, profession, or particular kind of work done, es SPINNER, Retired orderly                                                                                                                                         | att mos one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| kind of work done, es SPINNER. Retired orderly SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased last worked et Cauthis occupation (month and | arang 11 ac co 4 s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| work was done, as SILK MILL, SAW MILL, BANK, etc                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| year)occupation                                                                                                                                                                                                            | Other Contributory Causes of Importance :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 12. BIRTHPLACE (city or town)  (State or country)                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 13. NAME James Jolley 14. BIRTHPLACE (city or town)                                                                                                                                                                        | nont                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 14. BIRTHPLACE (city or town) (State or country)                                                                                                                                                                           | Neme or operation Date of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                            | What test confirmed diegnosis? Wes there an eutopsy?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| #                                                                                                                                                                                                                          | 23. If death was due to external ceuses (VIOLENCE) fill in also the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| State or country)                                                                                                                                                                                                          | Accident, suicide, or homicide?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 17. INFORMANT Hoofer Julley (Address) 24 Vista St Slauford Coun                                                                                                                                                            | (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 18. BURIAL, CREMATION, OR REMOVAL LELEPH MIL                                                                                                                                                                               | Menner of injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Place Warigh Cemetry Cura Date Chi G: 61933.                                                                                                                                                                               | Nature of injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 19. UNDERTAKER The Cae'r (Address) Cam Mid Mid Mid.                                                                                                                                                                        | 24. Was disease or injury in any way related to occupation of deceased?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 20. FILED aug. 5", 1933 Dr. E. E. Wolff                                                                                                                                                                                    | (Signed) Carelings of M. D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Régistrar.  If more blanks are needed address State Revisions                                                                                                                                                              | (Address) Comments of the Comm |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 byl own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the most of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset                                                                                                                                      |
|---------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| 1915          | Attack of epilepsy                                                             | 1 week ago                                                                                                                                         |
| 1921          | Run over by street car                                                         | 1 week ago                                                                                                                                         |
| July 5,1927   | Peritonitis                                                                    | 3 days ago                                                                                                                                         |
|               | Other contributory causes of importance:                                       |                                                                                                                                                    |
| May 1,1923    | Gastroenteritis                                                                | 1 year                                                                                                                                             |
|               |                                                                                |                                                                                                                                                    |
|               | 1915<br>1921<br>July 5,1927                                                    | of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance: |

V. S. No. 1

| STATE OF MARYLAND                                                                                                                                                                                                     | CERTIFICATE OF DEATH 4 UT103                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH                                                                                                                                                                                                     | 59                                                                                                                 |
| County Dorchulu                                                                                                                                                                                                       | Registration Dist. No. // 6                                                                                        |
| Village or City Combandy Ind                                                                                                                                                                                          | No. St., Wal (If death occurred in a horpital or institution, give its NAME instead of street and number)          |
| Length of residence In city or town where death occurredyrs,                                                                                                                                                          | _mosds. How long In U.S. if of foreign birth?yrsmos                                                                |
| 2. FULL NAME James Knace                                                                                                                                                                                              | k                                                                                                                  |
| (a) Residence: No.   Emay hum market                                                                                                                                                                                  | St., Ward.  If nonresident give city or town and State                                                             |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS                                                                                                                                                           | MEDICAL CERTIFICATE OF DEATH                                                                                       |
| S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE                                                                                                                                                                    |                                                                                                                    |
| Funal White OR DIVORCED (write the wor                                                                                                                                                                                |                                                                                                                    |
| a. If married, widowed, or divorged                                                                                                                                                                                   |                                                                                                                    |
| HUSBAND of Fred C. Knaack                                                                                                                                                                                             | 1 HEREBY CERTIFY. That I attended deceased fr                                                                      |
| DITT OF OPEN ( ) 1   1   7                                                                                                                                                                                            | 1 (ast saw h Re alive on July 18 373519 death is s                                                                 |
| DATE OF BIRTH (month, day, and year)  AGE Years Months Days If LESS th                                                                                                                                                |                                                                                                                    |
| 65 P // Iday,                                                                                                                                                                                                         | THE I RECEIVE OF PERIOD OF PERIOD COURSES OF IMPORTANCE                                                            |
| 8 Trade profession or particular                                                                                                                                                                                      | Chrome nephralis (uterstitus)                                                                                      |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.                                                                                                                                                               | Tenemia 78.                                                                                                        |
| kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and spent in this |                                                                                                                    |
| 10. Oate deceased last worked at this occupation (month and spent in this                                                                                                                                             |                                                                                                                    |
| year) occupation                                                                                                                                                                                                      | Other Contributory Causes of importance:                                                                           |
| 2. BIRTHPLACE (city or town)                                                                                                                                                                                          | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                            |
| (State or country)                                                                                                                                                                                                    | _ School / Cellus                                                                                                  |
| 13. NAME albut Pitus                                                                                                                                                                                                  | Lione                                                                                                              |
| 14. BIRTHPLACE (city or town) (State or country)                                                                                                                                                                      | Name of operation Date of What fest confirmed diagnosis? Was there an au'opsy?                                     |
| 15. MAIDEN NAME has assessed to                                                                                                                                                                                       | 23. If death was due to external causes (VIOLENCE) fill in also the following:                                     |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)                                                                                                                                                    | Accident, suicide, or homicide? Date of injury, 19                                                                 |
| (State or country)                                                                                                                                                                                                    | Where did injury occur?                                                                                            |
| 17. INFORMANT In Fred C. Known                                                                                                                                                                                        | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. |
| (Address)  18. BURIAL, CREMATION, OR REMOVAL                                                                                                                                                                          | Manner of injury                                                                                                   |
| Place Ecratus md. Date July 20, 19                                                                                                                                                                                    |                                                                                                                    |
| 19 UNDERTAKER Frank E. Alburgh                                                                                                                                                                                        | 24. Was disease or injury in any way related to occupation of deceased?                                            |
| (Addiess) Cumby my                                                                                                                                                                                                    | If so, specify                                                                                                     |
| 20 FILED July 20 19 33 E. VE WOLFF                                                                                                                                                                                    | (Signed) Cliffe M) tack                                                                                            |
| Registr                                                                                                                                                                                                               | ar. (Address) Cacubridge, med.                                                                                     |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

12 14 1 13 13 13

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I                                                                      | 1             | Example II                                                                     |               |
|--------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis                                                               | 1915          | Attack of epilepsy                                                             | 1 week ago    |
| Chronic interstitial nephritis                                                 | 1921          | Run over by street car                                                         | 1 week ago    |
| Cerebral hemorrhage                                                            | July 5, 1927  | Peritonitis                                                                    | 3 days ago    |
| Other contributory causes of importance:  Gallstones                           | May 1,1923    | Other contributory causes of importance:  Gastroenteritis                      | 1 year        |
|                                                                                |               |                                                                                |               |

V. S. No. 1

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|---|----|---|---|----|
| U | 6  | 1 | ŀ | U  |

| 1. PLACE OF DEATH                                                                                                                                                                                                   | * ******                                                  | 82-0)                                                                                       | 0 4 2 2                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------|
| County Dorchester                                                                                                                                                                                                   | CHATE LIBITE OF                                           | Registration Dist. No.                                                                      | II6                      |
| Village or City Cambridge                                                                                                                                                                                           | (16                                                       | No                                                                                          | St., 4 Ward              |
| 2. FULL NAME Daniel                                                                                                                                                                                                 |                                                           |                                                                                             |                          |
| (a) Residence: No. IOI Pea                                                                                                                                                                                          |                                                           | St., 4 Ward.  If nonresident give city of                                                   | or town and State        |
| PERSONAL AND STATIST                                                                                                                                                                                                |                                                           | MEDICAL CERTIFICATE OF D                                                                    |                          |
| 3. SEX 4. COLOR OR RACE White                                                                                                                                                                                       | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (price the word) | 21. DATE OF DEATH  July  (Month) (De)                                                       | 14th 193 3 (Year)        |
| 5a. If married, widowed, or divorced HUSBAND of COTA E. MCC                                                                                                                                                         | ore.<br>5/23/1864                                         | 22. I HEREBY CERTIPY, Thet                                                                  | l ettended deceased from |
| 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months 69 I                                                                                                                                                    | Days   If LESS than   1 day,hrs.   ormin.                 | to have occurred on the date stated above, at 7 . 20 m.                                     | · 3.k.                   |
| kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and 6/I/ year) | X  11. Total time (years) spant in this occupation I5     | Clamin Possin Conge                                                                         | 1-15/9                   |
| 12. BIRTHPLACE (city or town) Doeck (State or country)                                                                                                                                                              | nester County<br>Maryland.                                | Other Coutributery Causes of importance:                                                    | e 61-193<br>6-1-183      |
| 13. NAME Robert K. ]                                                                                                                                                                                                | Loore.                                                    |                                                                                             |                          |
| a   14. Dikitit LAGE (oily of town)                                                                                                                                                                                 | chester CO.                                               | Name of operation                                                                           | as there an au'opsy?     |
| 15. MAIDEN NAME Rebecca                                                                                                                                                                                             | Wallace                                                   | 23. If death was due to external causes (VIOL ENCE) fill in also                            | the following:           |
| (Otate of County)                                                                                                                                                                                                   | aryland.                                                  | Accident, suicide, or homicide? Date of in Where did injury occur? Specify city or town, co | unty and State)          |
|                                                                                                                                                                                                                     | ge Maryland.                                              | Specify whether injury occurred in INDUSTRY, in HOME, or in                                 | PUBLIC PLACE.            |
| 18. BURIAL, CREMATION, OR REMOVAL Place ambridge, Md.                                                                                                                                                               | 7/16/33.                                                  | Manner of injury                                                                            |                          |
| 19. UNDERTAKER Granville<br>(Address) Cambrud                                                                                                                                                                       | S. LeCompte.<br>ge, Maryland.                             | 24. Was disease or injury in any way related to occupation of d                             | eceased?                 |
| 20. FILED July 15 , 1933 &                                                                                                                                                                                          | E. Wolff                                                  | (Signed) (Address)                                                                          | M.D.                     |

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| Example I                                                                      |               | Example II                                                                     |               |
|--------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|---------------|
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| Chronic interstitial nephritis                                                 | 1921          | Run over by street car                                                         | 1 week ago    |
| Cerebral hemorrhage                                                            | July 5,1927   | Peritonitis .                                                                  | 3 days ago    |
| BUREAU V. S.                                                                   |               |                                                                                |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones                                                                     | May 1,1923    | Gastroenteritis                                                                | 1 year        |
|                                                                                |               |                                                                                |               |
|                                                                                |               |                                                                                |               |

| N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMAN | mation should be carefully supplied. AGE should be stated EXAC | CAUSE OF DEATH in plain terms, so that it may be properly classifi | TION is very important. See instructions on back of certificate. |
|---------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------|
|---------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------|

V. S. No. 1

| STATE OF MARYLAND—                                                                                                                  | CERTIFICATE OF DEATH                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH                                                                                                                   |                                                                                                                          |
| County O Mula                                                                                                                       | Registration Dist. No. //6                                                                                               |
| Village or City Cambridge (If                                                                                                       | No. Cambus e M. Horse St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos.                                                                     | ds. How long in U.S. if of foreign birth?yrsmosds.                                                                       |
| 2. FULL NAME Suther June                                                                                                            |                                                                                                                          |
| (a) Residence: No. Elderado MM                                                                                                      | St Ward.                                                                                                                 |
| (Usual place of abode)                                                                                                              | If nonresident give city or town and State                                                                               |
| PERSONAL AND STATISTICAL PARTICULARS                                                                                                | MEDICAL CERTIFICATE OF DEATH                                                                                             |
| 3. SEX A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)                                                   | 21. DATE OF DEATH  (Month)  (Day)  (Year)                                                                                |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of                                                                        | 22.   HEREBY CERTIFY, That I attended deceased from                                                                      |
| 0.11.11                                                                                                                             | 196, 6 1933                                                                                                              |
| 6. DATE OF BIRTH (month, day, and year) MM, hwl hum                                                                                 | I last saw h_ alive on; death is said                                                                                    |
| 7. AGE Years Months Days If LESS than 1 day,hrs.                                                                                    | to have occurred on the date stated ebove, at 8:375 m.                                                                   |
| i i i i i i i i i i i i i i i i i i i                                                                                               | The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:                                           |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Blog Sawter, BODKKEPER, etc.                                     | Gusputation at Com 3rd.                                                                                                  |
| On ten, bookheel en, etc.                                                                                                           | Dichte Lie 1 - 1 - 1                                                                                                     |
| 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.                                                   | The Color of the Party                                                                                                   |
| 10. Date deceased last worked at this occupation (month and year)  11. Total time (years) Churt-spent in this occupation occupation | To Sylvas                                                                                                                |
| m.                                                                                                                                  | Dther Contributory Causes of importance:                                                                                 |
| 12. BIRTHPLACE (city or town) (State or country)                                                                                    | - Ly                                                                                                                     |
|                                                                                                                                     | Jen My himley                                                                                                            |
| II 13. NAME                                                                                                                         | for-                                                                                                                     |
| 13. NAME  14. BIRTHPLACE (city or town)  WM                                                                                         | Name of operation unfutation was upliked Date of 7/15-35                                                                 |
| (State of country)                                                                                                                  | What test confirmed diagnosis? Was there an autopsy?                                                                     |
| 15. MAIDEN NAME                                                                                                                     | 23. If death was due to external causes (VIOLENCE) fill In also the following:                                           |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)                                                                  | Accident, suicide, or homicide? Homicill Date of injury, 7/16, 19.33 Where dld injury occur? From Outside - Orchard My   |
| 17. INFORMANT Thypy Rend                                                                                                            | Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.                                                |
| (Address)  18. BURIAL, CREMATION, DR REMOVAL                                                                                        | 1.0. referato. mehrela mil                                                                                               |
| Place Stelleweld Date 7/70 ,1933                                                                                                    | Manner of Injury Andrew Ag Truff                                                                                         |
| 19. UNDERTAKER W.D. Gramm + 6973 (Address) Shoyston Mit                                                                             | 24. Was disease or injury to any way related to occupation of deceased? 200                                              |
| 20. FILED fulg /8, 1933 E. E. Walf Registrar.                                                                                       | (Signed) M. D.  (Address) Make Make Make Make Make Make Make Make                                                        |
| If more blanks are needed, address State Registrar                                                                                  |                                                                                                                          |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related tauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I                                                                      | t de company  | Example II                                                                     |               |
|--------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis                                                               | 1915          | Attack of epilepsy                                                             | 1 week ago    |
| Chronic interstitial nephritis                                                 | 1921          | Run over by street car                                                         | 1 week ago    |
| Cerebral hemorrhage                                                            | July 5,1927   | Peritonitis                                                                    | 3 days ago    |
| ATTOREST V S.                                                                  |               | 42                                                                             |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones                                                                     | May 1,1923    | Gastroenteritis                                                                | 1 year        |
|                                                                                |               |                                                                                |               |
|                                                                                |               |                                                                                |               |

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| STATE OF MARYLAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D—CERTIFICATE OF DEATH                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Registration Dist. No. //6                                                                   |
| County Doubleston                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Registration Dist. No. // 6                                                                  |
| Village or City Cambridge ml                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NoSt.,Ward                                                                                   |
| Length of residence in city or town where death occurredyrs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| 2. FULL NAME James Evelyn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Lanca.                                                                                       |
| (a) Residence: No. 2/4//                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | St. 5 Ward.                                                                                  |
| (a) Residence. No. (Usual place of abode)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | If nonresident give city or town and State                                                   |
| PERSONAL AND STATISTICAL PARTICULARS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MEDICAL CERTIFICATE OF DEATH                                                                 |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write theyw                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  The start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the star | 1 HEREBY CERTIFY, That I attended deceased from                                              |
| 6. DATE OF BIRTH (month, day, and year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 Jast saw h La aliva on July 4 , 19 2 ; death is said                                       |
| 7. AGE Years Months Days If LESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 10.2                                                                                       |
| 2 1 day,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | THE PRINCIPAL CAUSE OF BEATH and related causes of importance                                |
| 8. Trade profession or particular                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date of one of pully 14                                                                      |
| SAWYER, BOOKKEEPER, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Slototim 1/93 3                                                                              |
| work was done, as SILK MILL, SAW MILL, BANK, etc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year) year)  occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |
| TO DIDTURA OF CHARLES A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Other Contributory Causes of importante:                                                     |
| 12. BIRTHPLACE (city or town)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | alle delend 193.                                                                             |
| 13. NAME the die.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Luciel scholy 1930                                                                           |
| 14. BIRTHPLACE (city or town)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Name of operation Date of London                                                             |
| (State of County)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | What test confirmed diagnosis? Was there an au'opsy?                                         |
| 15. MAIDEN NAME hany (Covery.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 23. If death was due to external causes (VIOLENCE) fill in also the following:               |
| 16. BIRTHPLACE (city or town)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Accident, suicide, or homicide? Date of injury, 19                                           |
| -1 (State of County)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Where did injury occur? (Specity city or town, county and State)                             |
| 17. INFORMANT Ma USam Tyrna J<br>(Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.                    |
| 18. BURIAL, CREMATION, OR REMOVAL Place And Date Anh 17.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Manner of Injury                                                                             |
| 7/10/1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                              |
| 19. UNDERTAKER (Addiess)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 24. Was disease or injury In any way related to occupation of deceased?                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | If so, specify (Signed) Leber Eurey hus M. D.                                                |
| 20. FILED July 17, 19 33 E. E. Glack B. Regis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |
| If more blanks are needed, address State R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | egistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.                         |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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| 15<br>21 | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car | 1 week ago |
|----------|----------------------------------------------------------------------------------------------------------------------------|------------|
|          |                                                                                                                            | -          |
| 21       | Run over by street car                                                                                                     | 47         |
|          | 20000                                                                                                                      | 1 week ago |
| ,1927    | Peritonitis                                                                                                                | 3 days ago |
|          | Other contributory causes of importance:                                                                                   |            |
| ,1923    | Gastroenteritis                                                                                                            | 1 year     |
|          | ,1923                                                                                                                      |            |

V. S. No. 1 N. B. should state

of OCCUPA-

| STATE                                                                                      | OF MARYLAND-                                                 | CERTIFICATE OF DEATH                                                                                                             |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH                                                                          |                                                              |                                                                                                                                  |
| County Dorchesle                                                                           | L.                                                           | Registration Dist. No. 1/2                                                                                                       |
| Village or City Rhoad                                                                      | (1                                                           | NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)                            |
| 2. FULL NAME Preal                                                                         | L'Electoris.                                                 | sds. How long in U.S. if of foreign birth?yrsmosds.                                                                              |
| (a) Residence: No.                                                                         | (Usual place of abode)                                       | St., Ward.  If nonresident give city or town and State                                                                           |
| PERSONAL AND STATIST                                                                       | TICAL PARTICULARS                                            | MEDICAL CERTIFICATE OF DEATH                                                                                                     |
| 3. SEX 4. COLOR OR RACE                                                                    | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word) | 21. DATE OF DEATH July 31, 193,3                                                                                                 |
| 5a. If married, widowed, or divorced<br>HUSBAND of<br>(or) WIFE of                         |                                                              | 22. I HEREBY CERTIFY. That I attended deceased from                                                                              |
| 6. DATE OF BIRTH (month, day, and year)                                                    | rely 31 1933                                                 | I last saw h alive on; lo, 19; death is said                                                                                     |
| 7. AGE Years Months                                                                        | Days If LESS than 1 day,                                     | to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc |                                                              | the 10 hours.                                                                                                                    |
| SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)    | 11. Total time (years) spent in this occupation              | nophysecon                                                                                                                       |
| 12. BIRTHPLACE (city or town)                                                              | na.                                                          | Other Contributory Causes of importance:                                                                                         |
| 13. NAME 7 7 R                                                                             | moon                                                         |                                                                                                                                  |
| 4 14. BIRTHPLACE (city or town) (State or country)                                         | ol:                                                          | Name of operation Date of What test confirmed diagnosis? Was there an autopsy?                                                   |
| 15. MAIDEN NAME                                                                            | real.                                                        | 23. If death was due to external causes (VIOL ENCE) fill in also the following:                                                  |
| 16. BIRTHPLACE (city or town) (State or country)                                           | d                                                            | Accident, suicide, or homicide?Date of injury, 19 Where did injury occur?                                                        |
| 17. INFORMANT Leonge ne (Address) Rhoad                                                    | al.<br>Usdalo:                                               | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.               |
| 18. BURIAL, CREMATION, OR REMOVAL Place // Porce                                           | Date aug / 1933                                              | Manner of injury                                                                                                                 |
| 19. UNDERTAKER Family (Address)  20. FILED aug / 19.33 & E                                 | lizabeth n. b. aft.                                          | 24. Was disease or injury In any way related to occupation of deceased?  If so, specify secol Registers  (Signed) Legisland M. D |
|                                                                                            | Registrar.                                                   | (Address) fl. (Lemma Me                                                                                                          |

.ds.

rom

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I                                                                      | . 1           | Example II                                                                     |               |
|--------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis                                                               | 1915          | Attack of epilepsy                                                             | 1 week ago    |
| Chronic interstitial nephritis                                                 | 1921          | Run over by street car                                                         | 1 week ago    |
| Cerebral hemorrhage                                                            | July 5,1927   | Peritonitis                                                                    | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones                                                                     | May 1,1923    | Gastroenteritis                                                                | 1 year        |
|                                                                                |               |                                                                                |               |

| <br>ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN |     |
|----------------------------------------------------------|-----|
|                                                          |     |
|                                                          |     |
|                                                          | 7 - |

V. S. No. 1

| T RECORD. Every item of infor-                                                        | Y. PHYSICIANS should state                                                                 | Exact statement of OCCUPA-                                                                       | +                                                                |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| S IS A PERMANEN                                                                       | stated EXACTL                                                                              | properly classified.                                                                             | certificate.                                                     |
| N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | TION is very important. See instructions on back of certificate. |
| N. B                                                                                  | (                                                                                          | T                                                                                                | )                                                                |

| STATE OF MARYLAND—CERTIFICATE OF DEATH 071 | 14 |
|--------------------------------------------|----|
|--------------------------------------------|----|

| 1. F      | PLACE OF DEATH                                                                          |                                                                | 10                                                                                                                                           |               |
|-----------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------|
|           | County Dorchester                                                                       |                                                                | Registration Dist. No. 116                                                                                                                   |               |
|           | Village or City Cambrid                                                                 | ge Md. R.F.D.                                                  | NDSt.,Steach occurred in a horpital or institution, give its NAME instead of street and nuclear                                              | Ward          |
|           | Length of residence in city or town where                                               | e death occurred 24_yrsmos                                     | If death occurred in a norphial of institution, give its INAIVIE, instead of street and nullsds. How long in U.S. if of foreign birth?yrsmos | mber)         |
| 2. F      | FULL NAME Willis                                                                        | am Byront North.                                               |                                                                                                                                              |               |
|           | (a) Residence: No. Cambi                                                                | 'idge Nd. R.F.D. (Usual place of abode)                        | St., Ward.  If nonresident give city or town and S                                                                                           | itate         |
|           | PERSONAL AND STATIS                                                                     | TICAL PARTICULARS                                              | MEDICAL CERTIFICATE OF DEATH                                                                                                                 |               |
| 3. SEX    | 4. COLOR OR RACE White                                                                  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)      | 21. DATE OF DEATH                                                                                                                            | 193 5         |
| H         | narried, widowed, or divorced<br>USBAND of<br>or) WIFE of                               | c                                                              | 22. 1 HEREBY CERTIFY, That I attended do                                                                                                     |               |
| 6. DAT    | E OF BIRTH (month, day, and year) U                                                     | nlenscon 1909.  Days If LESS than                              |                                                                                                                                              | death is said |
| 7. AGE    | 24                                                                                      | 1 day,hrs.                                                     |                                                                                                                                              | Date of onset |
| CUPATION  | Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc | Farmer  X  11. Total time (years) spant in this occupation  14 | (Streptersi yetra)                                                                                                                           | 7/11/33       |
| 12. BIR   | RTHPLACE (city or town)                                                                 | rchester County<br>Maryland.                                   | Dther Contributory Causes of importance:                                                                                                     |               |
| 置 13      | NAME T. James No                                                                        | orth.                                                          |                                                                                                                                              |               |
| 13 14 HER | BIRTHPLACE (city or town) DO:                                                           | rchester County<br>Maryland.                                   | Name of operation Date of<br>What test confirmed diagnosis? Was there an au                                                                  | opsy? Mo      |
| 15.       | . MAIDEN NAME Mamie S                                                                   | pedden.                                                        | 23. If death was due to external causes (VIOLENCE) fill in also the following:                                                               |               |
| MOTHER 19 | . BIRTHPLACE (city or town) DOT (State or country)                                      | chester Conty                                                  | Accident, suicide, or homicide? Date of injury Where did injury occur?                                                                       |               |
| 17. INF   | ORMANT Mrs Mammie<br>(Address) Cambridge                                                |                                                                | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC                             | DE.           |
| 18. BUI   | RIAL, CREMATION, OR REMOVAL Place Canbridge, IId.                                       | Date 7/31/3,76.                                                | Manner of injury                                                                                                                             |               |
| 19. UN    | DERTAKER Granville (Address) Cambridg                                                   | S. LeCompte.                                                   | 24. Was disease or injury in any way related to occupation of deceased?                                                                      | 200           |
| 2D. FIL   | EDJULG 3/, 1933                                                                         | E. E. Wolff Registrar.                                         | (Address) Cauchide, uc                                                                                                                       |               |
| t.        | If mo                                                                                   | re blanks are needed, address State Registrar                  | r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.                                                                                |               |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I                                                                      |               | Example II                                                                     |               |  |
|--------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis                                                               | 1915          | Attack of epilepsy                                                             | 1 week ago    |  |
| Chronic interstitial nephritis                                                 | 1921          | Run over by street ear                                                         | 1 week ago    |  |
| Cerebral hemorrhage                                                            | July 5,1927   | Peritonitis                                                                    | 3 days ago    |  |
| BUREAU V.S.                                                                    |               |                                                                                |               |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones                                                                     | May 1,1923    | Gastroenteritis                                                                | 1 year        |  |
|                                                                                |               |                                                                                |               |  |
|                                                                                |               |                                                                                |               |  |

## STATE OF MARYLAND—CERTIFICATE OF DEATH

| 63 | 2014 | 1 | 1 | 5  |  |
|----|------|---|---|----|--|
| U  | 6    | 1 | 1 | 1) |  |

| 1. PLACE OF DEATH                                                                                                                                                                                        |                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| County Sorchester                                                                                                                                                                                        | Registration Dist. No. 116                                                                                                                                                                                |
| Village or City Madison                                                                                                                                                                                  | NoSt.,Ward                                                                                                                                                                                                |
|                                                                                                                                                                                                          | If death occurred in a hospital or institution, give its NAME instead of street and number)  osds. How long in U. S. if of foreign birth?                                                                 |
| RI MI.                                                                                                                                                                                                   | NA                                                                                                                                                                                                        |
|                                                                                                                                                                                                          |                                                                                                                                                                                                           |
| (a) Residence: No. (Usual place of abode)                                                                                                                                                                | St., Ward.  If nonresident give city or town and State                                                                                                                                                    |
| PERSONAL AND STATISTICAL PARTICULARS                                                                                                                                                                     | MEDICAL CERTIFICATE OF DEATH                                                                                                                                                                              |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Termulo Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)                                                                          | 21. DATE OF DEATH July 30, 193 3 (Year)                                                                                                                                                                   |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of                                                                                                                                             | 22. I HEREBY CERTIFY, That I attended deceased from                                                                                                                                                       |
| 6. DATE OF BIRTH (month, day, and year) July 29, 1933 7. AGE Years Months Days If LESS than 1 day, 18hrs                                                                                                 | I last saw hear alive on why 29 19.33; death is said to have occurred on the date stated above, at 12.14m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.                                                                                                              | Premature Birth Date or onser                                                                                                                                                                             |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and |                                                                                                                                                                                                           |
| O 10. Date deceased last worked at this occupation (month and year)  year) this occupation (month and year) occupation occupation                                                                        |                                                                                                                                                                                                           |
| 12. BIRTHPLACE (city or town) Madison (State or country) Md.                                                                                                                                             | Other Contributory Causes of Importance;<br>Accidental abortion<br>(mother all on ladder)                                                                                                                 |
| 13. NAME (John W. Obhel                                                                                                                                                                                  | Jan 18                                                                                                                                                                                                    |
| 13. NAME (John W. Office)  14. BIRTHPLAGE (city or town)  (State or country)                                                                                                                             | Name of operation Date of                                                                                                                                                                                 |
| 15. MAIDEN NAME Magico Whaters                                                                                                                                                                           | What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:                                                                       |
| 15. MAIDEN NAME Maggie Waters  16. BIRTHPLACE (city or town) Woolfards                                                                                                                                   | Accident, suicide, or homicide?                                                                                                                                                                           |
| (State or country)  17. INFORMANT Father (Address)                                                                                                                                                       | Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                                                              |
| 18. BURIAL, CREMATION, OR REMOVAL Place Mail For Date aug 1 21, 193:                                                                                                                                     | Menner of injury                                                                                                                                                                                          |
| 19. UNDERTAKER DO WOLK Kyelcondon (Address) Church Cuck mil                                                                                                                                              | 24. Wes disease or injury In any way related to occupation of deceased?                                                                                                                                   |
| 20. FILED aug 1 1, 19 33 E. E. Wolff Registrar.                                                                                                                                                          | (Signed) G. S. Merceet M. D. (Address) / Lle Race St Lambridge Isak                                                                                                                                       |
| If more blanks are needed, address State Registra                                                                                                                                                        | r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.                                                                                                                                             |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I                                                                      |               | Example II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |
|--------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date of onset |
| Arteriosclerosis                                                               | 1915          | Attack of epilepsy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1 week ago    |
| Chronic interstitial nephritis                                                 | 1921          | Run over by street car                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 week ago    |
| Cerebral hemorrhage                                                            | July 5,1927   | Peritonitis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3 days ago    |
|                                                                                |               | The state of the s |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |
| Gallstones                                                                     | May 1,1923    | Gastroenteritis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 year        |
|                                                                                |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |
|                                                                                |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |

OCCUPA-

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1. PLACE OF

County .... Village pr C

Length of resi

|                                                                            |                                         |                                           | M 4 4 0                |
|----------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|------------------------|
| STATE OF MARYLAND                                                          | CERTIFICATI                             | E OF DEATH                                | 7116                   |
| DEATH PITEL                                                                | -(49)                                   |                                           |                        |
| Dorbeta                                                                    | -11176 07                               | Registration Dist. No.                    | 1/6                    |
| ity Cambridge Indi                                                         |                                         |                                           |                        |
| WE Butha monroe Or                                                         | vene                                    |                                           |                        |
| ce: No. 1/6 tran End and (Usual place of abode)                            | St., Ward.                              | If nonresident give city or town and      | State                  |
| AL AND STATISTICAL PARTICULARS                                             | MEDICAL                                 | L CERTIFICATE OF DEATH                    |                        |
| 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEAT                        | (Month) (Day)                             | , 193_ <b>3</b> (Year) |
| ed, or divorced                                                            |                                         | BY CERTIFY, That I attended               | desend from            |
| Walter E. Owns                                                             | Jeh. 16                                 | 1933, to July 6                           | 1935                   |
| rs Months Days If (ESS than                                                |                                         | n July 6, 1933 stated above, et. 8.45 Pm. | _; deeth is sald       |
| 79 / 3   1 dey,hrs.                                                        | The PRINCIPAL CAUSE OF were as follows: | DEATH and related causes of Importance    | Date of onset          |
| ssion, or particular work done, as SPINNER, Amakun fe BDDKKEPER, etc       | metastacio                              | to abdominal                              | Culnosan               |

2. FULL NA (a) Residen PERSON 3. SEX 5a. If married, widow HUSBAND of (or) WIFE of 6. DATE OF BIRTH 7. AGE 8. Trade, profe kind of v OCCUPATION SAWYER 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased lest worked at 11. Total time (yeers) spent in this this occupation (month and occupation \_\_\_\_\_ Other Contributory Causes of importance 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ 16. BIRTHPLACE (city or town (State or country) Where did injury occur?\_\_\_ (Specify city or town, county and State)
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V. S. No. 1

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| Example 1                                                                      | İ             | Example II                                                                     |               |  |
|--------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|---------------|--|
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| Arteriosclerosis                                                               | 1915          | Attack of epilepsy                                                             | 1 week ago    |  |
| Chronic interstitial nephritis                                                 | 1921          | Run over by street car                                                         | 1 week ago    |  |
| Cerebral hemorrhage                                                            | July 5,1927   | Peritonitis                                                                    | 3 days ago    |  |
|                                                                                |               |                                                                                |               |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones                                                                     | May 1,1923    | Gastroenteritis                                                                | 1 year        |  |
|                                                                                |               |                                                                                |               |  |
|                                                                                |               |                                                                                |               |  |

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| Cerebral hemorrhage                                                            | July 5,1927   | Peritonitis                                                                    | 3 days ago |  |
| · · · · · · · · · · · · · · · · · · ·                                          |               |                                                                                |            |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |            |  |
| Gallstones                                                                     | May 1,1923    | Gastroenteritis                                                                | 1 year     |  |
|                                                                                |               |                                                                                |            |  |
| 1                                                                              |               |                                                                                |            |  |

| ADDITIONAL SPACE FO. | R FURTHER | STATEMENTS | BY | PHYSICIAN |
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RESERVED

ARGIN

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|                                                                                |               |                                                                                |               |

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1633-2-2-23/23/20 1867-10-30/25/20 1867-10-30/25/20

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

ARGIN

V. S. No.

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| Gallstones                                                                     | May 1,1923    | Gastroenteritis                                                                | 1 year        |
|                                                                                |               |                                                                                |               |

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

TION is very important.

20. FILED.

See instructions on back of certificate.

| 1. PLACE OF                                                                                                |                                                                                            | OF MAR                                     | YLAND-                                | CERTIFICATE OF DEATH                                                                                                                                                                                                                                                                                                                                                  | 07120                                                 |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| County                                                                                                     | Dorcheste                                                                                  | r                                          |                                       | Registration Dist. No                                                                                                                                                                                                                                                                                                                                                 | 116                                                   |
| Length of residen                                                                                          |                                                                                            | Cambridge                                  | 3 yrs. 5 mos                          |                                                                                                                                                                                                                                                                                                                                                                       | reet and number)                                      |
|                                                                                                            | No. North E                                                                                |                                            |                                       | St., War <del>d</del> . If nonresident give city or t                                                                                                                                                                                                                                                                                                                 | own and State                                         |
|                                                                                                            | L AND STATIST                                                                              | TICAL PARTI                                | CULARS                                | MEDICAL CERTIFICATE OF DE                                                                                                                                                                                                                                                                                                                                             | ATH                                                   |
| Male                                                                                                       | . color or RACE White                                                                      |                                            | RIED, WIDOWED, (write the word) dowed | 21. DATE OF DEATH  [Month]  (Day)                                                                                                                                                                                                                                                                                                                                     | , 193 <u>3</u><br>(Year)                              |
| 5e. If married, widowed,<br>HUSBAND of<br>(or) WIFE of                                                     | Unkno                                                                                      | wn                                         |                                       | 22.   HEREBY CERTIFY, That I: April 3, 19 30 to July 1,                                                                                                                                                                                                                                                                                                               |                                                       |
| 6. DATE OF BIRTH (mo<br>7. AGE Years                                                                       | nth, day, and year) J<br>Months                                                            | anuary 10,                                 | If LESS than 1 day,hrs.               | to have occurred on the date stated above, at 10:10A m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importativere as follows:                                                                                                                                                                                                                                 | 1933; death Is sald                                   |
| 9. Industry or bus<br>work was do<br>SAW MILL,<br>10. Dato deceased                                        | k done, as SPINNER,<br>DDKKEEPER, etc<br>iness in which<br>one, as SILK MILL,<br>BANK, etc | Laborer  Day Labor  11. Total ti sper occu |                                       | Cerebral Arterio-sclerosis                                                                                                                                                                                                                                                                                                                                            | About 5 yrs.                                          |
| 12. BIRTHPLACE (city o                                                                                     |                                                                                            | own<br>Treland                             |                                       | Other Contributory Causes of Importance: Fracture of right hip                                                                                                                                                                                                                                                                                                        | 6/15/33                                               |
| T                                                                                                          | known<br>ity or townJInknow<br>untry)                                                      | n<br>Ireland                               |                                       | Name of operetion                                                                                                                                                                                                                                                                                                                                                     | Date of                                               |
| 15. MAIDEN NAME 16. BIRTHPLACE (c) (State or co) 17. INFORMANT (Address) 18. BURIAL, CREMATION Place Do Co | ity or town)                                                                               | nown Unknown Irel Records ambridge,        | and                                   | 23. If death was due to external causes (VIOLENCE) fill in also the Accident, suicide, or homicide Accident Date of injury Whera did injury occur? Cambridge, Md. (Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PU Eastern Shore State Hospit Manner of Injury Slipped on bathroom Nature of injury Fracture of right him | following:<br>,6/15/,133<br>and State)<br>BLIC PLACE. |
| 19. UNDERTAKER (Address)                                                                                   | zamil                                                                                      | 20 J. Le                                   | compt                                 | 24. Was disease or injury in any wey related to occupation of dece-                                                                                                                                                                                                                                                                                                   |                                                       |

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If so, specify

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| Example I                                                                      | and the same of th | Example II                                                                     |               |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------|
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| Chronic interstitial nephritis                                                 | 1921                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Run over by street ear                                                         | 1 week ago    |
| Cerebral hemorrhage                                                            | July 5,1927                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Peritonitis #                                                                  | 3 days ago    |
|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |               |
| Other contributory causes of importance:                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other contributory causes of importance:                                       |               |
| Gallstones                                                                     | May 1,1923                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Gastroenterilis                                                                | 1 year        |
|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |               |

| ADDITIONAL SI | PAGE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
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BINDING

FOR

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|                                                                                |               | -                                                                              |               |

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Date of onset

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| Gallstones                                                                     | May 1,1923    | Gastroenteritis ·                                                              | 1 year        |
|                                                                                |               |                                                                                |               |
|                                                                                |               |                                                                                |               |

V. S. No. 1

| 1. PLACE OF DEATH                                                                                                                                                   | -CERTIFICATE OF DEATH 07123                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| county poscheter                                                                                                                                                    | Registration Dist. No. // 2 ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Village or City Leuns                                                                                                                                               | No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                     | ds. How long in U.S. if of foreign birth?mosds.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2. FULL NAME A ceymond D.                                                                                                                                           | Ly woter Steart-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (a) Residence: No. Vienna (Usual place of abode)                                                                                                                    | St., Ward.  If nonresident give city or town and State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| PERSONAL AND STATISTICAL PARTICULARS                                                                                                                                | MEDICAL CERTIFICATE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (wright) word)  A COLOR OR RACE OR DIVORCED (wright) word)                                                                      | 21. DATE OF DEATH  (Month) (Day) (Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of                                                                                                        | 22. I HEREBY CERTIFY, That I attended deceased from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 6. DATE OF BIRTH (month, day, and year)                                                                                                                             | I lest saw h alive on 19 3 3teath is said                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 7. AGE Years Months Days If LESS than 1 day,hrs                                                                                                                     | to have occurred on the date stated above, at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 8. Trede, profession, or particular kind of work done, as SPINNER. SAWYER, BDOKKEEPER, etc.                                                                         | The solution of the solution o |
| work was done, es SILK MILL, SAW MILL, BANK, etc  D. Date deceased last worked at this occupation (month and year) 11. Total time (yeers) spant in this occupation. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 12. BIRTHPLACE (city or town) / Laenne Med (State or country)                                                                                                       | Differ Contributory Causes of Importance:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 14. BIRTHPLACE (city or town) Good New morket                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (State of country)                                                                                                                                                  | Name of operation Date of What test confirmed diagnosis? Wes there an autopsy?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 16. BIRTHPLACE (city or town) Draw bridge                                                                                                                           | 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 17. INFORMANT Marrie Amelia  (Address) 2684 81 81 ava 4. 4. Ceta                                                                                                    | Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 18. BURIAL, CREMATION, OR REMOVAL  Place Date Lesses 0, 193                                                                                                         | Manner of injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 19. UNDERTAKER St. Slavers                                                                                                                                          | 24. Was disease or injury In enumary related to occupation of deceased?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 20. FILED July 16, 1930 Elegabeth he bra                                                                                                                            | (Signed) 6 - ella de la M.D.  (Address) Mary La Draugo M.D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I                                                                      | 1             | Example II                                                                     |               |
|--------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis                                                               | 1915          | Attack of epilepsy                                                             | 1 week ago    |
| Chronic interstitial nephritis                                                 | 1921          | Run over by street car                                                         | 1 week ago    |
| Cerebral hemorrhage                                                            | July 5,1927   | Peritonitis                                                                    | 3 days ago    |
| 4.8.                                                                           |               |                                                                                |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones                                                                     | May 1,1923    | Gastroenteritis                                                                | 1 year        |
|                                                                                |               |                                                                                |               |

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|                             | nfor-                                                                                   | state                                                                                      | JPA-                                                                                             |                                                                  | - |
|-----------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---|
| 0)                          | item of i                                                                               | plnods                                                                                     | of occu                                                                                          | 1                                                                |   |
| A                           | Every.                                                                                  | ICIANS                                                                                     | tement                                                                                           |                                                                  |   |
| •                           | N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- |                                                                  | - |
| DING                        | ANENT                                                                                   | CTLY                                                                                       | ssified.                                                                                         |                                                                  |   |
| R BINI                      | V PERM.                                                                                 | ed EXA                                                                                     | erly class                                                                                       | icate.                                                           |   |
| ID FO                       | ISI SII                                                                                 | be state                                                                                   | be prop                                                                                          | of certif                                                        |   |
| MARGIN RESERVED FOR BINDING | INK-TI                                                                                  | plnous ?                                                                                   | t it may                                                                                         | TION is very important. See instructions on back of certificate. |   |
| IN RE                       | DING                                                                                    | d. AGE                                                                                     | , se that                                                                                        | uctions                                                          |   |
| MARG                        | I UNF                                                                                   | supplie                                                                                    | in terms                                                                                         | see instr                                                        |   |
| 9                           | 7, WITH                                                                                 | arefully                                                                                   | I in pla                                                                                         | rtant.                                                           |   |
| •                           | LATNLY                                                                                  | uld be e                                                                                   | DEAT                                                                                             | ry impo                                                          |   |
|                             | RITE P                                                                                  | tion short                                                                                 | USE OF                                                                                           | N is ve                                                          |   |
| V. S. No. 1                 | . B.—W                                                                                  | mai                                                                                        | CA                                                                                               | TIC                                                              |   |
| >                           | Z                                                                                       |                                                                                            |                                                                                                  |                                                                  | 1 |

| STATE OF MARYLAND—                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CERTIFICATE OF DEATH                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (F9) 07124                                                                                                                                  |
| County bouckaster                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Registration Dist. No. //6                                                                                                                  |
| Village or City Benefit und                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NoSt.,Ward                                                                                                                                  |
| (If                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | death occurred in a hospital or institution, give its NAME instead of street and number)                                                    |
| Length of residence in city or town where death occurredyrsmos.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | yrsnow rong in 0.5.11 or roreign birth;yrsnosus.                                                                                            |
| 2. FULL NAME Rely Stone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                             |
| (a) Residence: No. (Usual place of abode)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | St., Ward.  If nonresident give city or town and State                                                                                      |
| PERSONAL AND STATISTICAL PARTICULARS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MEDICAL CERTIFICATE OF DEATH                                                                                                                |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2. DATE OF DEATH  (Month)  (Day)  (Year)                                                                                                    |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Accountage Reset                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 22. I HEREBY CERTIFY, That I attended deceased from                                                                                         |
| 6. DATE OF BIRTH (month, day, and year) Seeley 30, 1939                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | I last saw harmalive on 2 2 30 (, 1953; death is said                                                                                       |
| 7. AGE Yaars Months Days If LESS than 1 dayhrs. or. 3 min.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | to have occurred on the date stated above, at                                                                                               |
| 8 Trade profession or particular                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date of onset                                                                                                                               |
| kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                             |
| 10. Date deceased last worked at this occupation (month and year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6                                                                                                                                           |
| 12. BIRTHPLACE (city or town) Bauchung, und (State or country)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Other Contributory Causes of importance:                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Α                                                                                                                                           |
| 14. BIRTHPLACE (city or town) Baulrely                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Name of operation                                                                                                                           |
| (State of Country)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | What test confirmed diagnosis? Was there an autopsy?                                                                                        |
| 15. MAIDEN NAME Conflict S. Shore 16. BIRTHPLACE (City or town) South Leave Le | 23. If death was due to external causes (VIOLENCE) fill In also tha following:  Accident, suicide, or homicide?  Data of injury, 19         |
| 17. INFORMANT Accord Please (Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Where did injury occur?  (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OF REMOVAL Place Combridge, Md: Date July 31, 1933                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Manner of injury                                                                                                                            |
| 19. UNDERTAKER Howard Thomas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 24. Was diseasa or injury in any way related to occupation of deceased?                                                                     |
| 20. FILED July 30, 1933 E. & Weff. Registrar.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (Signed) P. H. Tarret M. D. (Address) Barret Property Lee                                                                                   |
| # #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.                                                                                  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I                                                                      |               | Example II                                                                     |               |
|--------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis                                                               | 1915          | Attack of epilepsy                                                             | 1 week ago    |
| Chronic interstitial nephritis                                                 | 1921          | Run over by street car                                                         | 1 week ago    |
| Cerebral hemorrhage                                                            | July 5,1927   | Peritonitis                                                                    | 3 days ago    |
|                                                                                |               | •                                                                              |               |
| PETERATI V.S.                                                                  |               |                                                                                |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones                                                                     | May 1,1923    | Gastroenteritis                                                                | 1 year        |
|                                                                                |               |                                                                                |               |
|                                                                                |               |                                                                                |               |

V. S. No. 1

| STATE                                                                                                    | OF MARY                    | YLAND-                                            | CERTIFICATE OF DEATH                                                                                                                    |
|----------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH                                                                                        | 417 BID CORPO.             |                                                   | W-0 0/12:)                                                                                                                              |
| County Durche                                                                                            | ter                        | AYD LIBITION WI                                   | Registration Dist. No. //6                                                                                                              |
| Village or City                                                                                          | ambiele                    | Leaph                                             | CAG. St Ward                                                                                                                            |
| Length of residence in city or town w                                                                    | here death occurred        |                                                   | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?     |
| 2. FULL NAME Bale                                                                                        | 01.00                      |                                                   | us.                                                                                                                                     |
| (a) Residence: No.                                                                                       |                            |                                                   | St Ward.                                                                                                                                |
| (a) Residence. No.                                                                                       | (Usual place o             | of abode)                                         | If nonresident give city or town and State                                                                                              |
| PERSONAL AND STAT                                                                                        | ISTICAL PARTI              | CULARS                                            | MEDICAL CERTIFICATE OF DEATH                                                                                                            |
| 3. SEX 4. COLOR OR RACE Wille                                                                            | OR DIVORCET                | RIED, WIDOWED,  (write the word)                  | 21. DATE OF DEATH  July 25 , 193 5 (Year)                                                                                               |
| 5a. If married, widowed, or divorced<br>HUSBANO of<br>(or) WIFE of                                       |                            |                                                   | 22. I HEREBY CERTIFY, That I attended deceased from  22. 1977, to 227 1953                                                              |
| 6. DATE OF BIRTH (month, day, and year)                                                                  | July 27.19                 | 33                                                | I last saw harmalive on July 77 1932; death is said                                                                                     |
| 7. AGE Years Month                                                                                       | s Days                     | If LESS than 1 day,/hrs. or ∠ \( \omega_{-min} \) | to have occurred on the date stated above, at 51/2/3-m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc                | un                         |                                                   | Stellectore Conquital 7/27/2                                                                                                            |
| 12. BIRTHPLACE (city or town) Language                                                                   | bridge ho                  | me (years) t in this pation  Field                | Other Cuntributory Causes of importance:                                                                                                |
| (State or country)  13. NAME Accepted To  14. BIRTHPLACE (city or town). Me                              | ed.                        |                                                   |                                                                                                                                         |
| (State of country)                                                                                       | ned                        | 7                                                 | Name of operation Date of What test confirmed diagnosis? Was there an autopsy?                                                          |
| 15. MAIOEN NAME CALLA  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT CALLA  (Address) | Mills  kaps 14e  ices Jou  | al<br>end<br>ld                                   | 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?                         |
| 18. BURIAL, CREMATION, OR REMOVAL Place Cambridge                                                        | e Date July                | 129,1933                                          | Manner of injury                                                                                                                        |
| 19. UNDERTAKER S. (Address) Camb                                                                         | e Comple                   | nd.                                               | 24. Was disease or injury in any way related to occupation of deceased?                                                                 |
| 20. FILEO July 29, 1933                                                                                  | ED &. W                    | effegistrar.                                      | (Signed) & H. Varves M.D.  (Address) Earnbridge Lief                                                                                    |
| V V If                                                                                                   | more blanks are needed, ac | ldress State Registrar,                           | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.                                                                              |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I                                                                      |               | Example II                                                                     |               |
|--------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis                                                               | 1915          | Attack of epilepsy                                                             | 1 week ago    |
| Chronic interstitial nephritis                                                 | 1921          | Run over by street car                                                         | 1 week ago    |
| Cerebral hemorrhage                                                            | July 5,1927   | Peritonitis                                                                    | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones                                                                     | May 1,1923    | Gastroenteritis                                                                | 1 year        |
|                                                                                |               |                                                                                |               |

|                                                        | STATE OF MARYLAND—                                                                                                                                                                                 | CERTIFICATE OF DEATH 36                                                                                                             |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| infor-<br>state<br>UPA-                                | 1. PLACE OF DEATH                                                                                                                                                                                  | 8707126                                                                                                                             |
|                                                        | County Dorchest                                                                                                                                                                                    | Registration Dist. No. // 4                                                                                                         |
| item or<br>should<br>of OCC                            | Village or City Lahamile -                                                                                                                                                                         | No. St., Ward                                                                                                                       |
| .=\                                                    | Length of residence in city or town where death occurredyrs,mos.                                                                                                                                   | death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth? |
| CORD. Every<br>PHYSICIANS<br>ict statement             | 2. FULL NAME Leve Elegabeth Wall                                                                                                                                                                   | La de                                                                                                                               |
| O. E                                                   | (a) Residence: No. Lateralle - M. A.                                                                                                                                                               | St. Ward.                                                                                                                           |
| RECORD. PHYSI Exact stat                               | (Usual place of abode)                                                                                                                                                                             | If nonresident give city or town and State                                                                                          |
| RECO<br>. PH<br>Exact                                  | PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.                                                                                                         | MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH                                                                                     |
| r R<br>Y.<br>E                                         | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAUGRCED (write the world)                                                                                                                 | LIL DATE OF DEATH                                                                                                                   |
| FL E                                                   | 5a. If married, widowed, or divorced                                                                                                                                                               | (Monte) (Oay) (Yaar)                                                                                                                |
| MAN) A C C assific                                     | HUSBAND OF Pener R. Wellsee                                                                                                                                                                        | 22. I HEREBY CERTIFY, That I ettended deceased from                                                                                 |
| 4 2×5                                                  | A 01.500                                                                                                                                                                                           | the to all 19                                                                                                                       |
| B<br>PE<br>E<br>Ily<br>ate                             | 6. DATE OF BIRTH (month, day, end year) Luca - 2 (2 8 0) 7. AGE Years , Months / Deys / If LESS than                                                                                               | I last sew h. A. alive on                                                                                                           |
| FOR B. IS A PE stated E properly certificate           | 1887. 45 aug 14 1 day,                                                                                                                                                                             | The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance                                                                       |
|                                                        | 8 frede profession or particular                                                                                                                                                                   | were as follows:                                                                                                                    |
| HIS<br>he<br>be<br>be                                  | kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.                                                                                                                                            | apabley,                                                                                                                            |
| RVE<br>C_T<br>ould<br>may<br>back                      | kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at  11. Total time (years) |                                                                                                                                     |
| S S S S S S S S S S S S S S S S S S S                  | U 10. Date deceased last worked at this occupation (month end spant in this                                                                                                                        |                                                                                                                                     |
|                                                        | year) occupation occupation                                                                                                                                                                        | Other Contributory Causes of Importance:                                                                                            |
| ARGIN RE NFADING pplied. AGI erms, so tha instructions | 12. BIRTHPLACE (city or town) Deschest                                                                                                                                                             |                                                                                                                                     |
| FAI<br>FAI<br>ied.<br>ns,<br>stru                      | (State or country)                                                                                                                                                                                 | High Blood Gressine                                                                                                                 |
|                                                        | 13. NAME Shan Stands                                                                                                                                                                               |                                                                                                                                     |
|                                                        | 4. BIRTHPLACE (city or town) (State or country)                                                                                                                                                    | Name of operation                                                                                                                   |
| WITH<br>efully<br>in pla                               | # 15. MAIDEN NAME Willen Jenn -                                                                                                                                                                    | 23. If death was due to external causes (VIOLENCE) fill in also the following:                                                      |
|                                                        | 16. BIRTHPLACE (city or town)                                                                                                                                                                      | Accident, suicide, or homicide?0ate of Injury, 19                                                                                   |
| INLY,<br>be car<br>sath<br>mport                       | S (State or country)                                                                                                                                                                               | Where did injury occur?                                                                                                             |
| PLAIN<br>ould be<br>IF DEA                             | 17. INFORMANT Thurs & ralford                                                                                                                                                                      | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.                  |
| Should OF D. S very                                    | (Address)  18. BURIAL CREMATION OR REMOVAL                                                                                                                                                         | ×2                                                                                                                                  |
| <b>2 3 3 3</b>                                         | Place California M. Care 8/1/33,19                                                                                                                                                                 | Manner of injuryNature of Injury                                                                                                    |
| -WRITE mation sical CAUSE TION is                      | 48+0 .                                                                                                                                                                                             | 24. Wes disease or injury in any way related to occupation of deceased?                                                             |
| TCH T                                                  | 19. UNDERTAKER (Address)                                                                                                                                                                           | If so, specify                                                                                                                      |
| vi m (T)                                               | 20. FILED July 31 1933 Jans H. f. Cusich                                                                                                                                                           | (Signed) Testes M.D.                                                                                                                |
| Z                                                      | Socal Registrar.                                                                                                                                                                                   | (Address) Laby D. Co. A.                                                                                                            |
|                                                        | If more blanks are needed, address State Registrar,                                                                                                                                                | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.                                                                          |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example IIVED                                                                  |               | Example II                                                                     |               |
|--------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis                                                               | 1915          | Attack of epilepsy                                                             | 1 week ago    |
| Chronic interstitial nephritis                                                 | 1921          | Run over by street car                                                         | 1 week ago    |
| Cerebral hemorrhage                                                            | July 5, 1927  | Peritonitis                                                                    | 3 days ago    |
|                                                                                |               | •                                                                              |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones                                                                     | May 1,1923    | Gastrocnteritis                                                                | 1 year        |
|                                                                                |               |                                                                                |               |
|                                                                                |               |                                                                                |               |

V. S. No. 1

| 1. PLACE OF DEATH                                                                                                                                                                                                      | 102                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| County Drcheser                                                                                                                                                                                                        | Registration Dist. No.                                                                                              |
| Village or City Cambridge (1)                                                                                                                                                                                          | ND. Cambridge M. L. L. War death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs,mos.                                                                                                                                                       | ds. How long in U.S. If of foreign birth?yrsmos,d                                                                   |
| 2. FULL NAME Rolf. Wales                                                                                                                                                                                               |                                                                                                                     |
| (a) Residence: No. Oor Jungest Bullomi                                                                                                                                                                                 | St. Ward.                                                                                                           |
| (Usual place of abode)                                                                                                                                                                                                 | If nonresident give city or town and State                                                                          |
| PERSONAL AND STATISTICAL PARTICULARS                                                                                                                                                                                   | MEDICAL CERTIFICATE OF DEATH                                                                                        |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)                                                                                                                                                                   | 21. DATE OF DEATH  (Month)  (Day)  (Year)                                                                           |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  HUSBAND OF (or) WIFE of                                                                                                                                  | 22.   HEREBY CERTIFY That I attended deceased fr                                                                    |
| 6. DATE OF BIRTH (month, day, and year) Office 17 - 1848                                                                                                                                                               | i last saw h alive on 1925, to 1935; death just                                                                     |
| 7. AGE Years Months Days If LESS than 1 day,hrs.                                                                                                                                                                       | to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance      |
| ormin.                                                                                                                                                                                                                 | were as follows:                                                                                                    |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Harry No. SAWYER, BOOKKEPER, etc.                                                                                                                   | Sofor mummit cu                                                                                                     |
| 9. Industry or business in which                                                                                                                                                                                       | Ju.                                                                                                                 |
| kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spant In this |                                                                                                                     |
|                                                                                                                                                                                                                        |                                                                                                                     |
| year) occupation                                                                                                                                                                                                       | Dither Contributory Causes of importance:                                                                           |
| 12. BIRTHPLACE (city or town)                                                                                                                                                                                          |                                                                                                                     |
| (State or country)                                                                                                                                                                                                     |                                                                                                                     |
| 13. NAME  14. BIRTHPLACE (city or town)                                                                                                                                                                                | Name of operation Date of                                                                                           |
| 14. BIRTHPLACE (city or town)                                                                                                                                                                                          | Name of operation Date of Was there an autopsy?                                                                     |
|                                                                                                                                                                                                                        | 23. If death was due to external causes (VIOLENCE) fill in also the following:                                      |
|                                                                                                                                                                                                                        | Accident, suicide, or homicide? Date of injury, 19                                                                  |
| O 16. BIRTHPLACE (city or town)  State or counity)                                                                                                                                                                     | Where did injury occur?                                                                                             |
| Colle Malin                                                                                                                                                                                                            | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  |
| 17, INFDRMANT (Address)                                                                                                                                                                                                |                                                                                                                     |
| 18. BURIAL, CREMATION, OR REMOVAL                                                                                                                                                                                      | Manner of injury                                                                                                    |
| Place Ballo - Md. Date July 18, 1933                                                                                                                                                                                   | Nature of injury.                                                                                                   |
| 19. UNDERTAKER H. Mr. St. Clair + Robt. Hemsley                                                                                                                                                                        | 24. Was disease or injury in any way related to occupation of deceased?                                             |
| (Address) Combidp. Balli. no                                                                                                                                                                                           | If so, specify                                                                                                      |
| 20 FILED July 15 1933 & E Walf                                                                                                                                                                                         | (Signed)                                                                                                            |
| Registrar.                                                                                                                                                                                                             | (Address)                                                                                                           |

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example 1                                                                     |               | Example II                                                                     |               |
|-------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|---------------|
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| Arteriosclerosis                                                              | 1915          | Attack of epilepsy                                                             | 1 week ago    |
| Chronic interstitial nephritis                                                | 1921          | Run over by street car                                                         | 1 week ago    |
| Cerebral hemorrhage                                                           | J ly5,1927    | Peritonitis                                                                    | 3 days ago    |
| Other contributory causes of importance:                                      | 9             | Other contributory causes of importance:                                       |               |
| Gallstones                                                                    | May 1,1923    | Gastroenteritis                                                                | 1 year        |
|                                                                               |               |                                                                                |               |
|                                                                               |               |                                                                                |               |

| ا بن             | STATE OF MARYLAND—                                                                                                                                                                                                    | CERTIFICATE OF DEATH 07129                                                     |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| db               | 1. PLACE OF DEATH                                                                                                                                                                                                     | 21)                                                                            |
| OCCUPA-          | County Archester                                                                                                                                                                                                      | Registration Dist. No. 19                                                      |
| 5                | Village or City Cambridge                                                                                                                                                                                             | Sportery thore take Hospital Ward                                              |
| 11               |                                                                                                                                                                                                                       | ds. How long in U.S. if of foreign birth?yrsmosds.                             |
| statement        | 2. FULL NAME Savence J. Willer                                                                                                                                                                                        |                                                                                |
| ate              | (a) Residence: No. Quine 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2                                                                                                                                                        | St., Ward.                                                                     |
|                  | (Usual place of abode)                                                                                                                                                                                                | If nonresident give city or town and State                                     |
| Exact            | PERSONAL AND STATISTICAL PARTICULARS                                                                                                                                                                                  | MEDICAL CERTIFICATE OF DEATH                                                   |
| à C              | 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)                                                                                                                                                                  | 21. DATE OF DEATH                                                              |
| classified.      | 5a. If married, widowed, or divorced                                                                                                                                                                                  | (Month) (Day) (Year)                                                           |
| SSI              | HUSBAND of (or) WIFE of                                                                                                                                                                                               | HEREBY CERTIFY, That I ettended deceased from                                  |
|                  | 6. DATE OF BIRTH (month, dey, and year) Angelong 9-/887                                                                                                                                                               | I last saw harmalive on Lily 13 44, 19 3 3; death is seld                      |
| ate              | 7. AGE Years Months Days If LESS than                                                                                                                                                                                 | to have occurred on the date stated above, a.3. 25 Pm.                         |
| properly         | 4 ( 1 day,hrs. ormin.                                                                                                                                                                                                 | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| ce               | 8. Trade, profession, or particular kind of work done, as SPINNER                                                                                                                                                     |                                                                                |
| of               | SAWYER, BOOKKEEPER, etc.                                                                                                                                                                                              | Julmonary Subtrelloses Dec-                                                    |
| may              | Work was done, as SILK MILL,  SAW MILL, BANK, etc                                                                                                                                                                     | 7.32                                                                           |
| ou p             | kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and spant in this |                                                                                |
| 2 - 11           | year) occupation                                                                                                                                                                                                      | Other Contributory Causes of importance:                                       |
| See instructions | 12. BIRTHPLACE (city or town) Cambridge                                                                                                                                                                               |                                                                                |
| tru              | (State or country)                                                                                                                                                                                                    |                                                                                |
| ins              | # 13. NAME Un E. Willey                                                                                                                                                                                               |                                                                                |
| ant. See instru  | 14. BIRTHPLACE (city or town) Baltingore                                                                                                                                                                              | Name of operation                                                              |
| 1                | m A P D I A P                                                                                                                                                                                                         | What test confirmed diagnosis? Was there an autopsy?                           |
| important.       | # 15. MAIDEN NAME Salah & Sylling                                                                                                                                                                                     | 23. If death was due to external ceuses (VIOLENCE) fill in also the following: |
| ort              | 16. BIRTHPLACE (city or town)                                                                                                                                                                                         | Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19        |
| mp               | (State or country)                                                                                                                                                                                                    | Where did injury occur? (Specify city or town, county and State)               |
| very i           | 17. INFORMANY AND ADDRESS (Address)                                                                                                                                                                                   | Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.      |
|                  | 18. BURIAL, CHEMATION, OR REMOVAL                                                                                                                                                                                     | Manner of injury                                                               |
| TION is          | Place Bate /14/33                                                                                                                                                                                                     | Nature of injury                                                               |
| TION             | 10 HADEDTAKED & She Careche                                                                                                                                                                                           | 24. Was diseese or injury in any wey related to occupation of deceased?        |
| H                | 19. UNDERTAKER  (Address)  Carolin III  MICHAELER  (Address)                                                                                                                                                          | If so, specify So. A                                                           |
|                  | 20. FILED July 14 19 33 E. E. Woeff                                                                                                                                                                                   | (Signed) Lyarles Tabelle M. D.                                                 |
| /                | Registrar.                                                                                                                                                                                                            | (Address) Camerate - Jan                                                       |
| 133              | If more blanks are needed, address State Registrar,                                                                                                                                                                   | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.                     |

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| Chronie interstitial nephritis                                                 | 1921          | Run over by street car                                                         | 1 week ago    |
| Cerebral hemorrhage                                                            | July 5, 1927  | Peritonitis                                                                    | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones                                                                     | May 1,1923    | Gastroenteritis                                                                | 1 year        |
|                                                                                |               |                                                                                |               |

| STATE OF MARYLAND                                                                                                                                                                                                      | CERTIFICATE OF DEATH 07130                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH                                                                                                                                                                                                      | 119                                                                                                                                          |
| County                                                                                                                                                                                                                 | Registration Dist. No. // /                                                                                                                  |
| Village or City Current at 1                                                                                                                                                                                           | No. St., Ward                                                                                                                                |
| Length of residence in city or town where death occurredyrsmos.                                                                                                                                                        |                                                                                                                                              |
| 2. FULL NAME                                                                                                                                                                                                           | Willes                                                                                                                                       |
| (a) Residence: No.                                                                                                                                                                                                     | St., Ward.                                                                                                                                   |
| (Usual place of abode)                                                                                                                                                                                                 | If nonresident give city or town and State                                                                                                   |
| PERSONAL AND STATISTICAL PARTICULARS                                                                                                                                                                                   | MEDICAL CERTIFICATE OF DEATH                                                                                                                 |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)                                                                                                                                      | 21. DATE OF DEATH  (Month)  (Day)  (Year)                                                                                                    |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of                                                                                                                                                           | 22. I HEREBY CERTIFY, That I attended deceased from                                                                                          |
| 1.0 4-1023                                                                                                                                                                                                             | I last saw h alive on left 19 ; death is said                                                                                                |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than                                                                                                                                          | to have occurred on the date stated above; at Q., Pm.                                                                                        |
| Sullform 1 day,hrs.                                                                                                                                                                                                    | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:                                                               |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc                                                                                                                             | gul, 1/2 1933 -                                                                                                                              |
| 9. Industry or business in which work was done, as SILK MILL,                                                                                                                                                          |                                                                                                                                              |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spant in this |                                                                                                                                              |
| year) occupation                                                                                                                                                                                                       | Other Contributory Causes of importance:                                                                                                     |
| 12. BIRTHPLACE (city or town) (State or country)                                                                                                                                                                       |                                                                                                                                              |
| 13. NAME Carter O Willey                                                                                                                                                                                               |                                                                                                                                              |
| 13. NAME  14. BIRTHPLACE (city or town)  (State or country)                                                                                                                                                            | Name of operation Date of                                                                                                                    |
| (State of Country)                                                                                                                                                                                                     | What test confirmed diagnosis? Was there an autopsy?                                                                                         |
| 15. MAIDEN NAME CLOSE 3. DESCRIPTION 16. BIRTHPLACE (city or town).                                                                                                                                                    | 23. If death was due to external causes (VIOLENCE) fill in also the following:                                                               |
| [ 16. BIRTHPLACE (city or town)                                                                                                                                                                                        | Accident, suicide, or homicide?                                                                                                              |
| 17. INFORMANT Carre C. Willer Fey                                                                                                                                                                                      | Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address)  18. BURIAL, CREMATION, OR REMOVA                                                                                                                                                                            |                                                                                                                                              |
| Place                                                                                                                                                                                                                  | Manner of Injury                                                                                                                             |
| 19. UNDERTAKER Janville Le Compte                                                                                                                                                                                      | Nature of Injury24. Was disease or injury in any way related to occupation of deceased?                                                      |
| 20. FILE Grolg 16 , 1933 Wilson & Projectit                                                                                                                                                                            | (Signed) M. D. (Address)                                                                                                                     |
| If more blanks are needed, address State Registrar,                                                                                                                                                                    | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.                                                                                   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I                                                                      |               | Example II                                                                     |               |
|--------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis                                                               | 1915          | Attack of epilepsy                                                             | 1 week ago    |
| Chronic interstitial nephritis                                                 | 1921          | Run over by street car                                                         | 1 week ago    |
| Cerebral hemorrhage                                                            | July 5,1927   | Peritonitis                                                                    | 3 days ago    |
| PUREAUTER                                                                      |               |                                                                                |               |
|                                                                                |               |                                                                                |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones                                                                     | May 1,1923    | Gastroenteritis                                                                | 1 year        |
|                                                                                |               |                                                                                |               |
|                                                                                |               |                                                                                |               |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC |
|---------------------------------------------------|
|---------------------------------------------------|

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, WITH TION is very important.

V. S. No. 1

| STATE OF MARYLAND—                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CERTIFICATE OF DEATH                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 99 07128                                                                                                                                    |
| County Overlesler                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Registration Dist. No. 112                                                                                                                  |
| Village or City Vunne Rod.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NoSt.,Ward                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Sucille Soma Wil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | liamson                                                                                                                                     |
| (a) Residence: No. bambudge ma.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | St Ward.                                                                                                                                    |
| (Usual place of abode)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | If nonresident give city or town and State                                                                                                  |
| PERSONAL AND STATISTICAL PARTICULARS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MEDICAL CERTIFICATE OF DEATH                                                                                                                |
| 3, SEX 4. COLOR OR RACE OR DIVORCED (write the word)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 21. DATE OF DEATH Why ( 1932) (Year)                                                                                                        |
| 58. If married, widowed, or divorced HUSBAND of (or) WIFE of Chorles 7- Miliauses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 22. I HEREBY CERTIFY. That hattended deceased from                                                                                          |
| 6. DATE OF BIRTH (month, day, and year) Along the 1908                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | I last saw h aliva on 1932; death is said                                                                                                   |
| 7. AGE Years Months Days II LESS than                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | to have occurred on the date stated above, at                                                                                               |
| 1 1 day,hrs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:                                                              |
| 8. Trade, profession, or particular kind of work done, as SPINNER,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Do Co                                                                                                                                       |
| S. Hade, pidession, or particular, which work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at his occupation (month and spent in this securation (month and spent in this securation (month and spent in this spent in this securation (month and spent in this spent in th | ntre my                                                                                                                                     |
| 10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spant in this occupation occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                             |
| 12. BIRTHPLACE (city or town) / (State or country)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Dther Coutributory Causes of importance:                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total Landson                                                                                                                               |
| 13. NAME rand my (State or country)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Name of operation. Date of                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | What test confirmed diagnosis? Was there an autopsy? Was there are autopsy?                                                                 |
| 16. BIRTHPLACE (city or town)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?                             |
| 2 (State or country)  17. INFDRMANT Chos 7. Milliams (Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  |
| 18. BURIAL, CREMATION, OR REMOVAL Place Date Date 19.35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Manner of injury                                                                                                                            |
| 19. UNDERTAKER THAT CHILINGING (Address) Chilinging                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Nature of injury.  24. Was disease or injury in any way related to occupation of deceased? \( \text{Normal} \)                              |
| 20. FILED July 13., 1933 Elizabeth braft weal Registrar.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Signed). Cauling M.D.  (Address). Cauling M.D.                                                                                             |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I                                                                      |               | Example II                                                                     |               |
|--------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis                                                               | 1915          | Attack of epilepsy                                                             | 1 week ago    |
| Chronic interstitial nephritis                                                 | 1921          | Run over by street car                                                         | 1 week ago    |
| Cerebral hemorrhage                                                            | July 5, 1927  | Peritonitis                                                                    | 3 days ago    |
| 4020                                                                           |               |                                                                                |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones                                                                     | May 1,1923    | Gastroenteritis                                                                | 1 year        |
|                                                                                |               |                                                                                |               |

V. S. No. 1 ä ż

# STATE OF MARYLAND-CERTIFICATE OF DEATH

| 13 | Soly | 0 | (2) | 1 |
|----|------|---|-----|---|
| U  | 6    | L | 0   | 1 |

| 1. PLACE OF DEATH                                                                          |                                       |                                      |                                                                                                                                                                                                 |                 |
|--------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| County Dorchester                                                                          |                                       |                                      | Registration Dist. No. 116                                                                                                                                                                      |                 |
| Village or City Salem, Md.                                                                 |                                       |                                      | NoSt.,death occurred in a hospitator institution, give its NAME instead of street and nuds. How long in U.S. if of foreign birth?yrsmos                                                         |                 |
| 2. FULL NAME Infant                                                                        | Wongus                                |                                      |                                                                                                                                                                                                 |                 |
| (a) Residence: No. Salem,                                                                  | Md.<br>(Usual place                   |                                      | St., Ward.  If nonresident give city or town and S                                                                                                                                              | ilate           |
| PERSONAL AND STATISTIC                                                                     | CAL PARTI                             | CULARS                               | MEDICAL CERTIFICATE OF DEATH                                                                                                                                                                    |                 |
| SEX 4. COLOR OR RACE Male Colored                                                          | 5. SINGLE, MAR<br>OR DIVORCE<br>Singl | RfED, WfDOWED, O (write the word)    | 21. DATE OF DEATH  July 28  (Month) (Day)                                                                                                                                                       | f93.3<br>(Year) |
| a. If married, widowed, or divorced<br>HUSBAND of<br>(or) WIFE of                          |                                       |                                      | 22. I HEREBY CERTIFY, That I attended d                                                                                                                                                         |                 |
| Still-boom                                                                                 | ly 28, 1                              | If LESS than 1 day,hrs. ormin.       | to have occurred on the date stated above, at 2:30 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:                                                          |                 |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Sp2                                   | ime (years)<br>nt in this<br>upation | Still-børn                                                                                                                                                                                      | 7/28/33         |
| f2. BIRTHPLACE (city or town) Sale<br>(State or country) Md.                               | m,                                    |                                      | Other Coutributory Causes of importance:                                                                                                                                                        |                 |
| Elwood Johns                                                                               | on                                    |                                      |                                                                                                                                                                                                 |                 |
| 14. BIRTHPLACE (city or town) Dore                                                         | hester o                              | 0.,                                  | Name of operation Date of What test confirmed diagnosis? Was there an at                                                                                                                        |                 |
| 15. MAIDEN NAME Sarah Won  16. BIRTHPLACE (city or town) Dore (State or country) Md.       | -                                     | 0.,                                  | 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury  Where did injury occur? (Specify city or town, county and State | , 19            |
| (Address) Frank Wongs<br>(Address) Salem, Md.                                              | 8                                     |                                      | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA                                                                                                                          |                 |
| f8. BURIAL, CREMATION, OR REMOVAL Place Salem, Md.                                         | DateJu]                               | y 28 fg 33                           | Manner of injury                                                                                                                                                                                |                 |
| 19. UNDERTAKER Frank Wongu (Address) Salem, Md.                                            | s e i d                               | 011                                  | 24. Was disease or injury in any way related to occupation of deceased?                                                                                                                         | No              |
| 20. FILED July 28, 1933                                                                    | riv.                                  | Registrar.                           | (Signed) Cambridge, Md.                                                                                                                                                                         |                 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I                                                                      |               | Example II                                                                     |               |
|--------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|---------------|
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| Arteriosclerosis                                                               | 1915          | Attack of epilepsy                                                             | 1 week ago    |
| Chronic interstitial nephritis                                                 | 1921          | Run over by street car                                                         | 1 week ago    |
| Cerebral hemorrhage                                                            | July 5,1927   | Peritonitis                                                                    | 3 days ago    |
| AUG 5 1933                                                                     |               |                                                                                |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones                                                                     | May 1,1923    | Gastroenteritis                                                                | 1 year        |
|                                                                                |               |                                                                                |               |
|                                                                                |               |                                                                                | 11-11-11      |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

Exact statement of OCCUPA-

N. B.

| STATE OF MARYLAND—                                                                                                                                                                                                                                                                                  | CERTIFICATE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH                                                                                                                                                                                                                                                                                   | 93-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| County Dorchester " BID DORPORATE ALMITS                                                                                                                                                                                                                                                            | Registration Dist. No. 1 /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Village Dr City Cambudge                                                                                                                                                                                                                                                                            | No. St., Ward                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 1 472                                                                                                                                                                                                                                                                                               | death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 2. FULL NAME The James                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (a) Residence: Np. 9300 Yndur (Usual place of abode)                                                                                                                                                                                                                                                | St., Ward.  If nonresident give city or town and State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| PERSONAL AND STATISTICAL PARTICULARS                                                                                                                                                                                                                                                                | MEDICAL CERTIFICATE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)                                                                                                                                                                                                                  | 21. DATE OF DEATH  30, 193 3 (Month) (Day) (Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 5a. If married, widowed or divorced HUSBAND of (or) WIFE of                                                                                                                                                                                                                                         | 22. I HEREBY CERTIFY That I attended deceased from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 6. DATE OF BIRTH (month, day, and year) Thanh 10 1895                                                                                                                                                                                                                                               | Mast saw ham alive on July 36 1933; death is said                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 7. AGE Years Months Days If LESS than                                                                                                                                                                                                                                                               | to have occurred on the date stated above, at 0:30 4 m.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 38 4 20 1day,hrs.                                                                                                                                                                                                                                                                                   | The PRINCIPAL CAUSE OF DEATH and related causes of importance Were as follows:  Date of onset                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and the same time (years)) spent in this common time (years) | Carlina asthma 2.6.33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| work was done, as SILK MILL, SAW MILL, BANK, etc.                                                                                                                                                                                                                                                   | Duration: undetermined.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 10. Date deceased last worked at this occupation (month and year)                                                                                                                                                                                                                                   | Other Constitute Constitute of the state of |
| 12. BIRTHPLACE (city or town) Canal And (State or country)                                                                                                                                                                                                                                          | Other Contributory Causes of importance:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 13. NAME Thomas Many                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 13. NAME Thomas James  14. BIRTHPLACE (city or town) (State or country)  Synthysian Cu                                                                                                                                                                                                              | Name of operation Date of What test confirmed diagnosis? Clinical Was there an autopsy?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 15. MAIDEN NAME Lina Kaue                                                                                                                                                                                                                                                                           | 23. If death was due to external causes (VIOL ENCE) fill in also the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 15. MAIDEN NAME Lena / Kaue  16. BIRTHPLACE (city or town)  (State or country)                                                                                                                                                                                                                      | Accident, suicide, or homicide?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 17. INFORMANT (Address) / 6 Cytos Oct Cont. Ind                                                                                                                                                                                                                                                     | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 18. BURIAL, CREMATION, OR REMOVAL Place Wang Commuting Date dug / , 19.3.3                                                                                                                                                                                                                          | Manner of injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 19. UNDERTAKER + M. SACLAIN (Address) 30 8 min St Cambridge ma                                                                                                                                                                                                                                      | 24. Was disease or injury in any way related to occupation of deceased?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 20. FILED CLES                                                                                                                                                                                                                                                                                      | (Signed) CANAL AND CAN M. D.  (Address) Canal Action St.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I                                                                      |               | Example II                                                                     |               |
|--------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis                                                               | 1915          | Attack of apilepsy                                                             | 1 week ago    |
| Chronic interstitial nephritis                                                 | 1921          | Run over by street car                                                         | 1 week ago    |
| Cerebral hemorrhage                                                            | July 5,1927   | Peritonitis                                                                    | 3 days ago    |
| BUREAU V. S.                                                                   |               |                                                                                |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones                                                                     | May 1,1923    | Gastroenteritis                                                                | 1 year        |
|                                                                                |               |                                                                                |               |
|                                                                                |               |                                                                                |               |